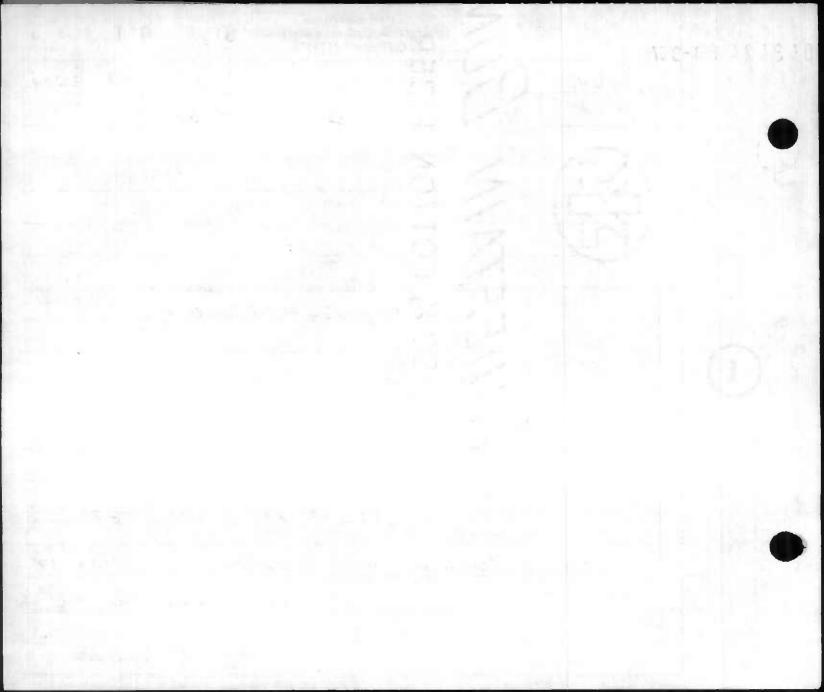
DHMH - 16 60M 7/84

2 4 FEB -		FOR STATE REGISTRAR		EPARTA		EALTH AND MENTAL HYG	REG. NO.	0 1	9 3 8				
poge 3		CEASED NAME FIRST	WiQCIE	Ba	unin	tur	20 DATE OF DEATH MO	23/87-	3:20 AM				
ge 4 may	3 SE	× M	1 RACE Block		5. DATE O	F BIRTH  CAY  YEAR  2  9	6 AGE (IN YEARS LOST BIRTHD.	YRS FUNGER LYE					
nerol direction		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT CO		8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	MD.				
s attet d by the fu iled with	10 C	ITY OR TOWN OF DEATH  LA PLATA	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C PHYSICIAN I	SIVE STREET	ADDRESS)	ROTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTE	OF BUSINESS OR				
filled in pauld be f	USU ,13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDE NTY 13c. CITY		AGMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z BOX 114/	IP CODE					
completely s 1 and 2 sh	)	ATHER'S NAME FIRST HENRY	BANN:		-	15 MOTHER'S MAIDEN NA FIRST MARGARI	MIDDLE	CAR	ROLL				
an and c		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES, G1	VE WAR OR OATES)	141 SECU -16-2		Angelia Banr	Box <sup>DO</sup> RIS4 nister Nanje	moy, Mary					
g physici on paper emaval. event, th		18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Carlin - Respiratory arrest Probable MT or											
res that the depth of the ball		Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS, A CO	PLT PLT PUSEOUE	NCE OF	n IA i residu	al dyparth	un	leo				
has been sin permit. The permit The we any injurial	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOI	WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH? NO				
og physicia og physicia certificate rial-transit ental Hygie frem 18 sha	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	NTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN						
of PHYS of this of the burner	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		ARM ETC ]	211 LOCATION STREET	CITY OR TOWN	COUNTA	STATE				
ATTENUI sspital or CTOR: A d for use I, of Heal n 21 is mis		22 <b>a.1 certify</b> that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	1/23	19		d that in (my) (our) opinian	death accurred on the date						
by the house of the house detached be detached. State Dept		22b. SIGNATURE ROSA	rio Ferna	nde	7 4	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 1/_	+3187				
etained b TO FUNE should be with the Si		ROSARIO P. FE	RNANDEZ, M.D.			Pt 2 Be	450 deli	en Herd	md 284				
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 1-27-87			OVE BAPTIST	23d LOCATION CITY OF TOWN GRAYTON	CHARL					
PHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME THORNTON FUNERA		Address	POMONK	FHBO	3 1987 July 25	REGISTRAR'S SIGN	ATURE				

STATE OF MARYLAND



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TOTAL ... W. - CONTROL & ... Transland Entroller ...

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Desired Ser-ery Transfer tenerals with a molder, tenes, this

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 **CERTIFICATE OF DEATH** REG. NO LAST 20 DATE OF DEATH MONTH

2b. HOUR January 5, 1987 8:47p 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** Charles County 12b. KIND OF BUSINESS OR INDUSTRY

PRIVATE 13e.STREET ADDRESS / ZIP CODE STUCKEY ROAD / 20640

LAST HAWKINS

AnnieJean Stuckey Temple Hills, Md. 20748 APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2)

CITY OR TOWN COUNTY

.19\_87\_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

STAFF DIRECTOR PHYSICIAN

MET.

1.6.98-

PISGAH

STATE MD.

24 FUNERAL DIRECTOR

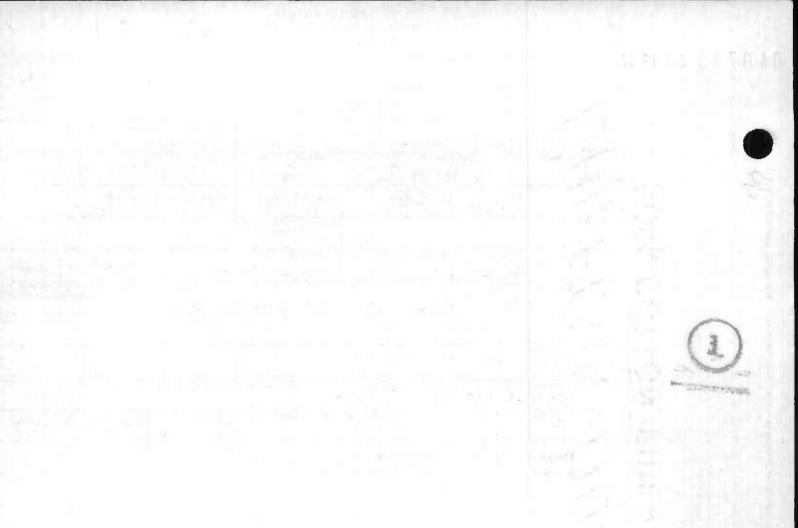
FOR - STATE

REGISTRAR

THORNTON FUNERAL HOME

CHARLES 250. DATE REC'D. BY REGISTRAB 25b. REGISTRAR CONTRACTOR

STATE



DHMH - 16 60M 7/B4 (VRA 15, 4)

042480 NEB

tor, page 3 ofter death

REGISTRAR I. DECEASED NAME

Male

Pennsylvania

WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN)

> Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

USUAL RESIDENCE (IF NURSING FORM OR OTHER INSTITU

18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITION

To. BIRTHPLACE ESTATE OR FOREIGN

CITY OR TOWN OF DEATH

a Plata

130 Maryland 4. FATHER'S NAME

Raymond

LTYPE OR PRINTI

SEX

CERTIFICATION

MEDICAL

Robert

	DEPARTN	NENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 7	0	1 9	4	
FIRST	MIDDLE	ĹA	ŚT			AY YEAR	26 HOU	R A
obert	к.	Brans	shv	Januar	2 2 5	1987	11.	4 6M
	ACE	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	
	White	04=21	0- 4910 YEAR	76	YRS.	ONTHS DAYS	HOURS	MIN.
OREIGN 76 C	ITIZEN OF WHAT COUNTRY?	8 AAADDIEC	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
nia	U.S.A.	WIDOWEL		Charles				MD.
TH 11.	NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND OF	BUSINE	SSOR
/	Physicians 1		ial Hospit	TYPE OF ENGINE	PET	Mari	ne	
NG IOW OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	1304 FEET ACCESS	ZP COP	Circ	le 2	20607
			15. MOTHER'S MAIDEN NA	MF				
Bran	le <b>by</b>			Kuhns MIDDLE		LAST		
IN U.S. ARMED			17. INFORMANT Pearl Brai	nsby Accok	alver keek,	rton C Md. 2	ir. 060	7
H (Enter only or AS CAUSED BY IMMEDIATE C			RDIAC A	RREST		BETWEENO	MATE INTER	VAL DEATH
which (	DUE TO, OR AS A CONSEQUE	NCE OF E	NCEPHAL	OPATH	<b>/</b>			
g the lost.	DUE TO, OR AS A CONSEQUE	INE.	ESOPHAL	REALVE	RICE	5	34	
HEICANT CON	DITIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110		
ION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		H?
AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)		
	21s. PLACE OF INJURY		211 LOCATION					

190 DATE OF OPERATION 19b. CC 210 ACCIDENT WAS UNDERLYING 21b. TI/ HOU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COHINTY NOT WHILE WHILE

22a.1 certify that (1) (this hospital) attended the deceased from , that (I) (we) lost sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death

22b. SIGNATURE 22c. DATE SIGNED DEGREE MIN MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS Krishan Mathur, M.D.

Wasdorf, Maryland 20601

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Millersville 1/28/87

Millersville Lancaster"Pa. Burial 24 FUNERAL DIRECTOR

Hunt't Funeral Home Inc. Walderf, Md.

tering the time and the second of the second and the following and and operating SANTA ANTHORNE OF FEMALES OF THE SECOND BANKS. Language Company Compa

	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4
	2
TTENDING PHYSICIAN: The low requires that the dearn certificate be executed within 24 hours after death. Page 4 may be aited or attending physicion.	77
TOR. After this certificate has been signed by the ottenting attribution and completely filled in by the funeral director, page 3 for use as the burial-transit permit. Then please remove carbon means ages I and 2 should be filed within 72 hours ofter death	0
of Health and Mental Hygiene prior to burnal, cremation, or removal	F

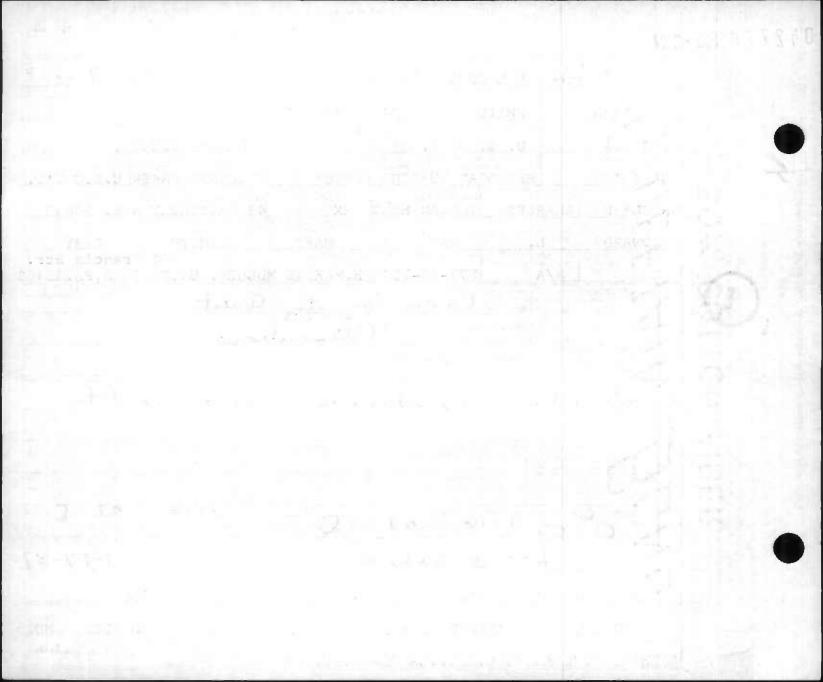
42	770 FEB		FOR STATE REGISTRAR			DEPARTA	MENT OF HI	OF MARYLA EALTH AND M CATE OF D	ENTAL HYG	EIENE 8	REG. NO.		9 4	2
	og y pe		CEASED NAME	FIRST	IESI	EDWARD (	CA			2a. DATE OF D	EATH MONTH	DAY YE	7 2b HOU	R PM
	tor. pog ofter de	3. SE			RACE WHITI		5. DATE O	F BIRTH	YEAR 06	6. AGE IN YEAR			YEAR IF UNDER	24 HRS MIN.
	th. Poge rol direc 72 hours		IRTHPLACE (STATE OR F	ORE IGN	b. CITIZEN OF	WHAT COUNTRY?	1	XX NEVER M		9. BALTIMORE	80 YR CITY OR COUR	NTY OF DEAT	н	
	the fune d within		RGINIA ITY OR TOWN OF DEA	TH		OF A. HOSPITAL, NURSIN			ORCED	12a. USUAL OC	ES COU CUPATION OR MOST OF WORKIN	12b KIN	ND OF BUSINE	MD. ESS OR
21201	hours of hou	USU	A PLATA AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	CENTER		TOOL&D	YE MAK		S.GOV	T.
YLAND	tely filled 2 should	_	RYLAND ATHER'S NAME	CHAF	LES	INDIAN	HEAD	YESXX 15. MOTHER'S	MAIDEN NA	48 MAT	TINGLY		100	)
E, MAR	nd comple ges 1 of a	16a '	EDWARD WAS DECEASED EVER	L	AIDDLE  AED FORCES?	CARY	RITY NO.		RY		MITH ADDRESS 41		CARY Cis Si	
BALTIMORE, MARYLAND	be exe		YES, NO OR UNKNOWN) NO	N/A		579-12-		H.MAX	INE M	ULLEN,		TOWN	PA 15	5401
	g physics		18 CAUSE OF DEATI PART I. DEATH W	AS CAUSE	y ane cause per BY: E CAUSE (a)	Cardu	Y 1	egui	ton	anis	1	BETW	PROXIMATE INTER LEEN ONSET AND	DEATH
ESTON	death c		Conditions, if any,		DUE TO, O	R AS A CONSEQUE	NCE OF	ath	iosil	ious				
W. PR	by the ose removed.		gove rise to imm couse (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires t n signed Then ple to burio	NO	PART 2. OTHER SIGN	HIFICANTO	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	MINALDISEASE C	OR GONDITION	NEN NAF	tus	
IL RECO	The low radicion. The has been sit permit. Grene prior shows ony	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTOPS		YES, WERE FII RTIFYING CAL YES		TH?
OF VITA	CIAN: TI physicie prificate ol-transit atal Hygin em 18 sh		2 tg. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA		DE INJURY .M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	1B PART 1 OR PAR	T 2)	
VISION	inG PHYSICIAN: r attending physicians the certifical as the buriol-transity and Mental Hyorked or Item 18	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	-	211. LOCATIO STREET	N		CITY OR TOWN	COUNT	Y S	STATE
io Di	rol or a OR: Afte OR: Afte or use as it Health		22a.1 certify that	his hospit			57	d that in my)	, 19	, to	- 16	, 19. 5		
	hospi hospi ched fo bept. of them 2		saw the decease above, (1) (ve) (c 22b. SIGNATURE	lid) (did na	view the body	after death.		EGREE	775410440		CT LEE		ATE SIGNED	

should be detact with the State D TO HOSPITAL C ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 20646 HENRY L. BURKE, MD. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23d. LOCATION 23b. DATE COUNTY STATE MEM GRONS WALDORF CHARLES MD.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JAN 22 1987 Julia Diotector Venduse BP. 01/20/87 MD. BURIAL TRINITY 24. FUNERAL DIRECTOR AREHART FUNERAL HOME. INC. LA PLATA MD (VRA 15, 4)

DHMH - 16 60M 7/84



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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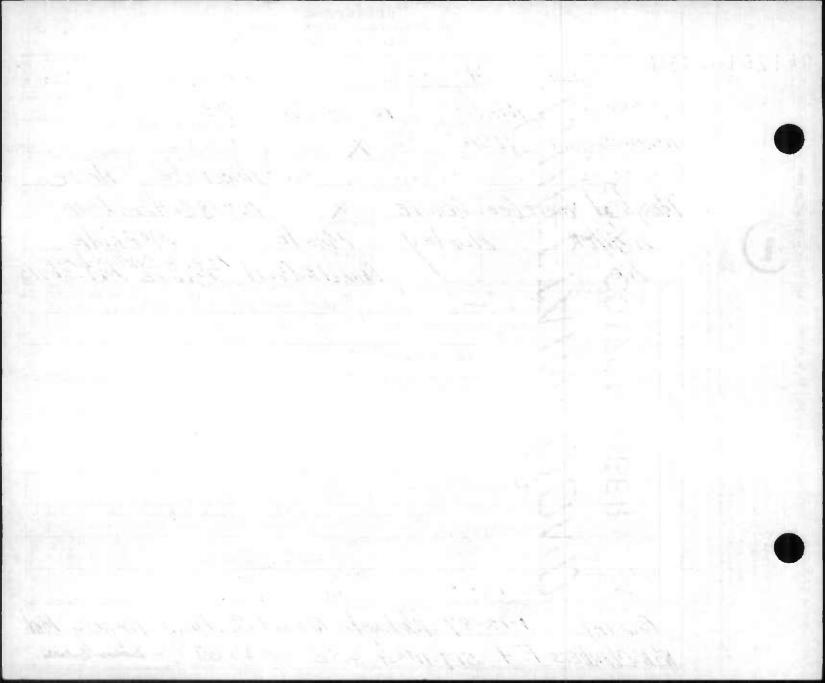
	1-	FOR STATE REGISTRAR	DEPARTI		TH AND MENTAL HYG ATE OF DEATH	IENE 8 /	0 1	9 4 .	3
1		PASED NAME PRIST	HOOLE	LAST		20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR	a.
1	-	Flonie	M C	ecil		January	9,1987	12:	45
	1.5E)	FENALE	White	5. DATE OF B	- 24-1913	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24	MIN.
	7a. BH	RTHPLACE (STATE CHROSECH	THE CITIZEN OF WHAT COUNTRY?	MARRIED [	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	TH	
1	No	ORTH CAROLINA	USA	WIDOWED	DIVORCED [	Charle			MD.
2	10. CI	La Plata	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Physicians MI	ADDRESS)		126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	OF Y ORKING LIFE) INDUS	ND OF BUSINES	SOR
2	M	ATTENDENCE IT TO UNE OUT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	I. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	199/	5
1	14. FA	WAlter	HUNTER	/	MOTHER'S MAIDEN NAM	WIDDLE	MEBRI	dE	
2		VAS DECEASED EVER IN U.S. AR	EMED FORCEST 166 SOCIAL SEC	JRITY NO. 17	INFORMANT	11 1290	8 SUHPER	5 hANE	7/5
	N	Conditions, if any which gave rise to immediate count to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO	ENCE OF	OT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN PA	RT 1(a	
7	CERTIFICATION	194 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		1?
7	0.27 001	THE WASHING TO CHIEF OF THE	ATH HOUR A.M. MONTH D		t. HOW INJURY OCCURE		RY IN ITEM 18 PART I OR PA	RT 2)	
	MEDICAL	214 INJURY OCCURRED.	21e PLACE OF INJURY 14T HOME, STREET, FACTORY OFFICE.		I LOCATION STREET	CITY OR TO	OWN COUN	ITY STA	ATE
		saw the decreased live of above, (1) (we) (stid) (did no 27b SIGNATURE	oital) attended the deceased from 19 0	DEC	hat in (my) (our) apinion ( PEE ATTENDING PHYSICIAN X	deoth occurred an the d	FF	, that (I) (we me the causes state DATE SIGNED	
		Daniel Ho	well, M.D.	2	La Plata	a, Md. 20	0646		
1		BURIAL CREMATION, REMOVAL	S. STEPHENSON STEPHENSON	NAME OF CEM	ETENY OR CREMATORY	23d LOCATION	/ AUNTY	P. W	1-1/2

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO FUNERAL DIRECTOR.

750. DATE REC'D, BY REGISTRAR 255, REGISTRAR'S SIGNATURE



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FOR

STATE OF MARYLAND

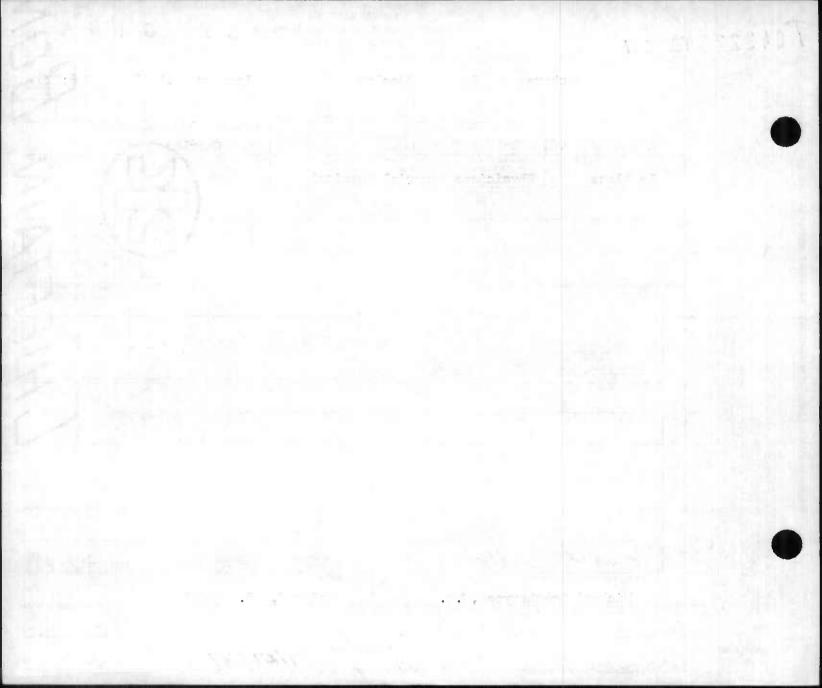
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EB REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		12.0
I. DECEASED NAME	FIRST	٨	AIDDLE	Ł	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
[TYPE OR PRINT]	Barba	ra	A	Ches1	Ley	January 2	6,1987	8	3:22p N
3. SEX FEMALE		RACE BLAC	K	5. DATE C		6. AGE (IN YEARS LAST BIR)	THDAY)  IF UNDE	DATS HO	INDER 24 HRS
OUNTRY) WASHINGTON			WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY O		ATH	WE
La Plata		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SECRETAR)	F WORKING LIFET IND	KIND OF BUUSTRY	ISINESS OR
USUAL RESIDENCE (# NI 130. STATE MARYLAND	136 COUNT CHAR	Y	GIVE RESIDENCE BEFORE  134. CITY OR TOW  MARSHAI	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ROUTE 225/	ZIP SOPE 20646		1115
4. FATHER'S NAME ROBERT	٨	IDDLE	MOORE		15 MOTHER'S MAIDEN NAM	WIDDIE		HESTE	
(YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	218-52-6		Pearl Chesle	ey Star Rt.		9	100
PART I. DEATH	ATH (Enter and) I WAS CAUSED IMMEDIATE	BY: CAUSE (a)	R AS A CONSEQUE	u	nest	0. 1/2		APPROXIMATE LETWEEN ONSE	TAND DEATH
Conditions, if a gave rise to i cause (a), sto underlying cau	immediate ating the use last.	(c)	R AS A CONSTRUCT	)/	cleon	Desorde			
The state of the s					NOT RELATED TO THE TERM				
190 DATE OF OPEN		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING ( YES []	CAUSES OF	
OD CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	ry in Item 18 part i Or	PART 2)	
(IF EITHER NOTIFY M  21d INJURY OCCU  WHILE NOT  WORK AT	WHILE WORK	21e PLACE (	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
saw the dece abave, (I) (we	eased olive an	al) attended the	e deceased from_ 19_ after death.	, a	nd that in (my) (aur) opinion	, to deoth occurred an the de	ate and hour and f		es stated
22b. SIGNATURE	here	Leuth				MEDICAL STAI	FF	DATE SIGN	7/87
22d. PHYSICIAN'S  Micha		therwoo		416	Waldorf,	Md. 20601			
The BUHIAL, CREMATIO	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUN	TY	STATE
Man BUR		2-2-8	7	ST. JO	DSEPH CHURCH	POMFRE	r cha	RLES	MD.
24 FUNERAL DIRECTOR	· Fus	urel	Jones 1	Pom.	only Me	e REC'D, BY REGISTRAR	JISB. BEGISTBAR'S		i san

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of Med.

IMPORTANT: IF



BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

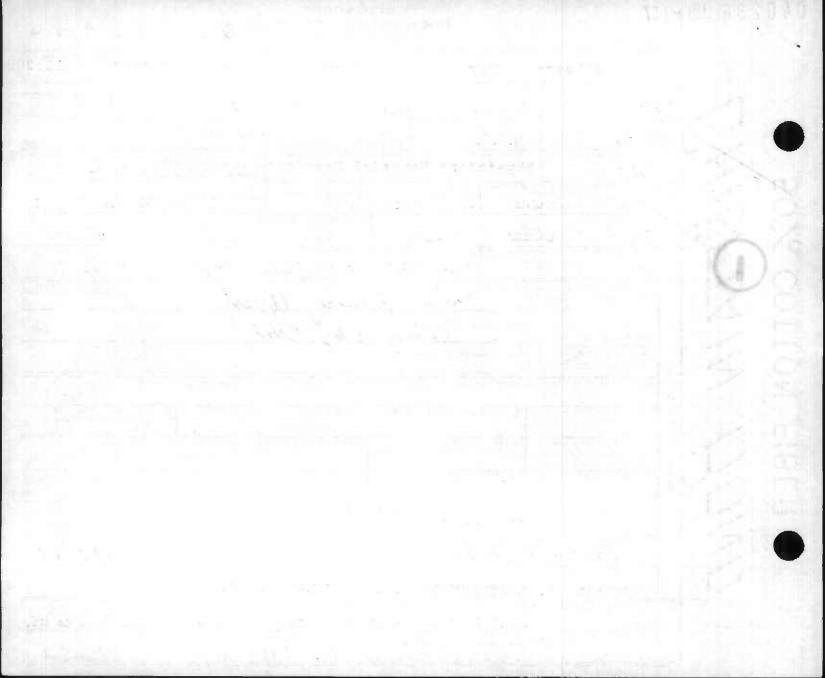
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Page 4 may be

	STATE	OF	MARYLA	ND
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B / REG. N	NO.	0	1 9	4	5
ATE OF DEATH	MONTH	DAY	YE AR	7b HOUR	

REG	R NTE GISTRAR			MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		9 .	4
1. DECEASE (TYPE OR PRI	EDNAME FIRST Alberta		a y		Clear	January		YEAR 2b	12;
3. SEX Semal	le	4. RACE Caucas		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER  MONTHS  YRS	DAYS HOL	NDER 24 H
Mary	land	U.S.A		WIDOWE		Charles			
Lo	r town of death aPlata	PHysic	Tanseme	mbr 1	or other institution al Hospital	120 USUAL OCCUPATI LITYPE OF WORK FOR MOST C MUSIC INST		CIND OF BUS USTRY Emp	siness
Mary &	land Char	TY	GIVE RESIDENCE BEFORE 130 CITY OR TOW PORT TO	N	13d. INSIDE CITY LIMITS?	Rte #1, Bo	ZIP CODE X 1310 AA	4	2067
14 FATHER		ward	Walter	ıs	15. MOTHER'S MAIDEN NA/	Eller	-	unkno	wn
		WED FORCES?	215-48-5		17. INFORMANT Eileen Nesbi	itt daughte		2 as #	13
und	derlying couse lost.	( (c)	r as a conseque						
und PAR		(c)ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE	FINDINGS	
PAR 190. D	DATE OF OPERATION  ACCIDENT WAS UNDERLYING  CONTRIBUTING  CAUSE OF DEA	ONDITIONS CO	ONTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA	OPERATIO		200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS U AUSES OF D	
PAR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ONDITIONS CO 196 COND 216. TIME O HOUR A. P. 216. PLACE	DNTRIBUTING TO D  ITION FOR WHICH  IF INJURY  M. MONTH DA  M.	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES TEM ITEM IS PART I OR P	FINDINGS U AUSES OF D NO PART 2)	EATH?
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MA TO			H WAS CAUSED	BY:	Carried, (b)		Imo	mar	4 Ar	rest			BET	WEEN ONS	ET AND DEATH
T PER CON A		1000	IMMEDIAT		OR AS A CO		QF A	/	10						
REAL PROPERTY OF THE PARTY OF T			if any, which	(b)	oron	ary f	trte	ry o	Dise	case		100			
LIED WILL EXAMIN LAL TES O MENTA	1	cause (a) sta	iting the under-	DUE TO,	OR AS A CO	SE DIENCE	OF .	1							
ON SAL	1	lying cause I	OST.	(c)											
S A B	NO	PART 2 OTHER SIGNIE	ICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL OISEASI	OR CONDITIO	N GIVEN IN PART 1	1 (0)					
197	CERTIFICATION	19a DATE OF OF	ERATION	196. CON	IDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20	AUTOPSY	(?
103	H													YES 🗌	NOX
A SEN		210 EXTERNAL C			OF INJURY A.M. MONTH	DAY YEAR		OW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEA	A 16 PART 1 OR	PART 2)		
CRAR!	MEDICAL	CONTRIBUTING	CAUSE OF		P.M.	19	215 10	CATION							
E DEF	MED		OT WHILE		CE OF INJURY FACTORY, FARM, I			TREET		CITY	OR TOWN		COUNTY		STATE
PAG STATI 212		AT WORK	T WORK							7	No.				
NE RES		22a   certify t	hat I taak charg	e of the remains			Autap		Inspection		uiry X	and in my	apinian		
PAGE A SHOULD BE COWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT, BALTIMORE, MARYLAND, 21201 PRIOR TO BU		death resulted	fram: Natur	al causes 🔼 .	O Accident	, Su	icide	, Hami		Undetermine	d manner			,	,
NA VERSION		ACTUAL	1) Cum	271	Z			//	S(STCENT		W	DAT		/26/	187
SE SE	1	SIGNATURE	.0	10	1		M	.D. 7 /32	- A 1C41	MEDICALE	XAMINER	SIGI	DO I	n	IN
THE TANK		EXAMINER'S NA	ME WAV	IN C	Hngro	ch		ADDRESS_	SOIYW	coelna	went	r. La	ian	a m	W .
TOFA -	23a. B	URIAL, CREMATIC	N, REMOVAL 2	36. DATE	23ε.	NAME OF CE	METERY C		ORY	23d LOCATIO	NC	CC	YTAUC		STATE
		BUR]		1-31-8	7	OAK GRO	OVE E		T	GRA	YTON	CHARL		MD.	
17		NAME		ADD					FEB O	O ADOT	STRAR 256 R	EGISTRAR'S	SSIGNA	TURE	
(5)}		THORNTON	FUNERAL	HOME	PO	MONKEY	, MD.		LEDO	4 190/	· Jan	A Married	.V.V.		4

MARYLAND

CHARLES

CONSTRUCTION

PRIVATE 20662

FRANK

COBEY

LOUISE

KELLY

218-14-3079 Ethel Cobey Box 203A Nanjemoy, Md. 20662

BURIAL

THORNTON FUNERAL HOME

1-31-87

OAK GROVE BAPTIST

POMONKEY, MD.

that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

death. Page 4 may be

24 hours after

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	C	F	RT	IFI	C	ATE	OF	DEA1	H

1	0	i	4	4	
REG. NO.					

FOR  1 - STATE  1 - REGISTRAR		T OF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	8 / 0	1991
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Penn Cravat		01-03-87	. 02:30a
3. SEX			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE		84 YRS	
TO REGISTRAR  TO DECEASED NAME  THE DEPART OF PRESISTRAR  TO DECEASED NAME  TO DECEASED NAME  TO DECEASED NAME  THE DEPART OF PRESISTRAR  TO DECEASED NAME  THE DAY  TEAM OF THE NORTH NORTH  TO DAY  THE PRESISTRAR  TO DECEASED NAME  THE DAY  THE PRESISTRAR  TO DECEASED NAME  THE DAY  THE PRESISTRAR  TO DECEASED NAME  THE DAY  THE DAY  THE PRESISTRAT  TO DETERMINE THE PRESISTRATE  TO DESTRUCTION OF DEATH  TO DAY  THE DAY  THE DAY  THE DAY  THE DAY  THE DAY  THE STATE  TO DESTRUCT OF THE PRESISTRATE  TO DESTRUCT OF THE PRESISTRATE  THE DAY  THE				
THE STATE STATE TO THE TOTAL TO			CHARLES	MD.
	11. NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
La Plata, MI				AT HOME
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	ISSION)		
14 FATHER'S NAME	AAIDDIE 1AST			LAST
				SMOOT
		NO. IT INFORMANT HUSB	AND: ADDRESS 105	OAK AVENUE
				PLATA MD 20646
	anly ane cause per line far (a), (b), and (c)		1-200	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Considered &	lead failing	2 400
		EOF 2	1 2	
	( jb)	Ceram arth	disense	may your
	DUE TO, OR AS A CONSEQUENC	E OF		//
underlying cause last.	(c)			
	T CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION (	GIVEN IN PART 1(a)
190 DATE OF OPERATION	HIS. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		YES, WERE FINDINGS USED
/ E				YES NO
210. ACCIDENT WAS UNDERLYING	LIGHT ALL MONITH BAN		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH			
21d INJURY OCCURRED			CITY OF TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM.	4.0		A
22a I certify that (I) (this ha	spital) attended the deceased fram	0-elos 19 91	_, to	
saw the deceased alive above. (1) (we) (did ) (did	an 19	and that in (my) (aur) apinian	death accurred an the date and l	naur and fram the causes stated
	2 1/12 0 1/			22c. DATE SIGNED
4/1	CAN IU W			1-3-81
22d PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		
Daniel Ho	well MD	La Plata	MD	
23a. BURIAL, CREMATION, REMOV			23d LOCATION	a Charles
	01/06/87 MT.	REST CEMETERY		CHARLES MD.
24 FUNERAL DIRECTOR		25a. DA	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
	PAT. HOME THE T.	A DIATA MD JA	N 5 1987 Juli	a Disiderni Randale

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

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DESCRIPTION OF THE PROPERTY OF

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4 2 8 2	FEB	L DEC	PENSED NAME	riksi nthon		MIDDLE		TOLLA		1/31 /8	7 MONTH 0	AY YEAR	26 HOUR 8: 25 AM
ge 4 may		3. SE)	Male		1. RACE Whi	te	5. DATE C		YEAR O	6. AGE TIN YEARS LAS	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOTIRS PIN
deore for	35	Pi	RTHPLACE (STATE OR F OUNTRY) Wladelphu	PA	u.	S · A	WIDOWE		RCED	Charle	s Co.		MD.
p P P	90		TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		CENTER		Steam Fi		126 KIND OF	BUSINESS OR
AND 212 n 24 hour	3	13a. S	MO.	13b COUNT	TY	13c. CITY OR TOW			o XX		SS/ZIP CODE		601
makyt.	080	19	THER'S NAME FIRST		NIDOLE	DETOLL	,			A	Υ,	7 LAST	
BALTIMORE,  ote be execut ysicion and co	e medico		AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES GIVE	MED FORCES? WAR OR OATES)	172 - 2	4 -68	17 INFORMANT  Emma	. W. De	eTolla: 3	Twin Br		
: 4	event, th		18 CAUSE OF DEATI PART I. DEATH W	H (Enter onload AS CAUSED IMMEDIATE	BY:	line far (a), (b) and	rabe	tes Me	ellil	3		BETWEEN O	MATE INTERVAL INSET AND DEATH
201 W. PRESTON ST	offer traumatic		Conditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	) b)_	R AS A CONSEQUE							
PRDS, 20	to/ou	NO	PART 2. OTHER SIGN	ares	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION GIVE	N IN PART 1 o	
he law ran.	Danie Dring	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
DIVISION OF VITAL RECO	ental Hya frem 18		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	ri .	PFINJURY M. MONTH DA M.	AY YEAR		RY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
NG PHY	th and M	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK ALWOR	ILE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
ATTENDI spitol or CTOR: A	of Heal		220.1 certify that (I)	d give on_	1-	78) 198			19 🐧 🐧	eath occurred an 11	ane date and hour	and from the c	
the ho	e Dept		22b SINGATURE	10	off	-		DEGREE	NDING	MEDICAL	STAFF	220 DATE	IGNED 7

23d LOCATION
CITY OR TOWN
Rockledge, Burial Feb. 4, 1987 Lawnview Cemetery Penna. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 3 1987 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Ives-Pearson F.H. Arlington, Virginia 22201 (VRA 15, 4)

22e ADDRESS

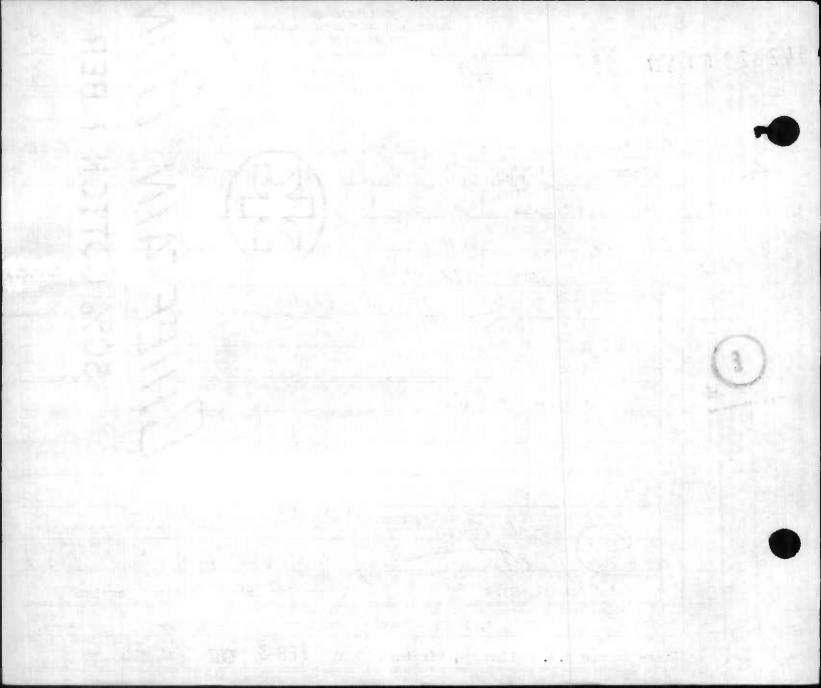
23c NAME OF CEMETERY OR CREMATORY

#1 Magnolia Drive, LaPlata, Maryland

224 PHYSTCIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Daniel Howell, MD.



arrector, page 3

STATE	OF	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	7 REG. NO.	0	1	9	4	9
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- 4	2 ubdistury				REG. N	10.		1
1	DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	MARY	JANE	FEICKER	r	JANUARY	29,198	37	6:55 A
1	3 SEX	4 RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BI		DER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE	JÜLY 2	,1930	56	YRS	S BAIS	HOURS MIN.
	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	19 8	EVER MARRIED	9 BALTIMORE CITY		DEATH	
	WASH., D.C.	U.S.A.	WIDOWED	DIVORCED [	CHA	RLES		MD.
2	LA PLATA	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PHYSICIANS M		RINSTITUTION HOBPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAK	OF WORKING LIFET IN	b. KIND OI IDUSTRY OWN	BUSINESS OR HOME
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE MD . 13b COUL		WN 134 IN	SIDE CITY LIMITS?	13e. STREET APPRESS RT.#2	BOX 164	1 2	20675
5	4 FATHER'S NAME JOHN ROBERT	HOLDEN LAST	15. MC	THER'S MAIDEN NA		TSON	LAST	
1	60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 ME	TOPANT	ADDR	ESS		
	NO (FF 125, GF	577-4	0-1803 J	OHN R. R	ICHARDS	SAME AS	#13	3
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), con BY TE CAUSE (o) CARD  DUE TO, OR AS A CONSEO	IAC A	RREST	,		BETWEEN C	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(b) ADENCE  DUE TO, OR AS A CONSEO  (c) META	UENCE OF		LIVER	D N		
		conditions <u>contributing</u> to	<u>DEATH</u> BUT NOT RE	LATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN IN	PART 10	
2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	HOPERATION WAS	PERFORMED	200 AUTOPSY? YES □ NO ■	20b. IF YES, WEI IN CERTIFYING YES		
		HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART C	OR PART 2}	
	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC )	OCATION STREET	CITY OR TO	DWN C	OUNTY	STATE
	spw the deceased alive an above, (I) (we) (did) (did no	ital) attended the deceased from  1-28-67  19  11) view the body after death.	ond that i	n (my) (our) opinion	death occurred on the d	ote and hour and		hot (I) (we) lost ouses stated
	1226 SIGNATURE	M. Matte	DEGREE WAS	ATTENDING PHYSICIAN	MEDICAL STA	FF	1 - J	19-87
	KRISHAN	M, MATH	UR L	ALOORI	MARSHA F Md.	2060	OMO	
	30. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	The state of the s	NAME OF CEMETER	TORY	23d LOCATION CLIV OR TOWN CLINTON		. M/	ARYLAND
	AREHART FUNERA	AL HOME, INC.	LA PLATA	, MD. 250 PE	BE 2 BY REGISTER	25b. REGISTRARS		Rudaes

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this coshould be distached for use as the busiwith the Stote Dept. of Health and Mer IMPORTANY. If Hem 21 is marked out.

AND A SECOND SEC TARREST AND THE RESIDENCE OF THE PROPERTY OF T Construction of the second A SINCE PURLEY HUMB, IN. DA PERLEYED. 5

completely filled in by the funeral director, page 3 , 1 and 2 should be filed within 72 hours after death

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. 1	۷0.	0	İ	y	5	,
ATE OF D	EATH	MONTH	DAY	YEA	R	2b. HOUR	

07	1 -	STATE REGISTRAR			22. 7	CERTIF	CATE OF DEATH		REG. NO.	0 1 5	2 0
101		CEASED NAME	FIRST	MI	DDLE	U	ST	20 D	ATE OF DEATH MONTH	DAY YEAR	26. HOUR
	(ITPE	J	oseph	S		Ford	i	J	anuary 30, 1	987	11:34P <sub>M</sub>
	3 SEX	X		4 RACE		5. DATE O		6 AC	GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	ma	ale		black		Octol	per 10, 189	3	93 YRS		HOURS MIN.
5		RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BA	ALTIMORE CITY OR COUN		
25		ARYLAND		UNITED S	TATES	WIDOWE		āl.	Charles		MD.
Confried		ty or town of d Plata	EATH				Hospital	(TYPE	USUAL OCCUPATION E OF WORK FOR MOST OF WORKING ABORER		
35	130. S	AL RESIDENCE (IF NI STATE ARYLAND	136 COU		IVE RESIDENCE BEFORE 34. CITY OR TOWN PISGAH		13d. INSIDE CITY LIMITS	RE	STREET ADDRESS / ZIP CO		
20	14. FA	ROBERT		MIDDLE	FORD		15. MOTHER'S MAIDEN MARY	NAME	ELLEN	SM	ST
00		VAS DECEASED EV			6b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
med		YES NO ORUNKNOWN)	WW1	VE WAR OR DATES)	213-16-2	559	Mary V. De	ent Bo	ox 74H Pisgah		
vent, the		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one couse per li D BY: TE CAUSE (0)	RESP	PA:	TORY :	ARR	LEST	APPRO) BETWEEN	ONSET AND DEATH
qury, of other tray in	NC	Conditions, if or gove rise to i couse (a), sto underlying counterlying counterlying	mmediate iting the use last.	DUE IO. OR.	AS A CONSEQUE	DEATH BUT	ACHEO 81 181271	BRE	UMONIA SWCHITA DREASE GROONDILION	SIVEN IN PART I	1Nguffi
2	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED			YES, WERE FINDI	
or Item 18 sh		210. ACCIDENT WAS I	CAUSE OF DE	AIN .	. MONTH DA	Y YEAR	21¢ HOW INJURY OC		ENTER NATURE OF INJURY IN ITEM		
marked ar I	MEDICAL	21d INJURY OCCU	URRED WALL D	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
5		sow the dece	osed offive or	ot) view the body o	18/19			nion death	occurred on the date and h	nour and from the	
MPORTANT: # Nem 21		226. SIGNATURE	M	DI	re		ATTENDIN PHYSICIAI		DICAL STAFF !	1/3	1/82
OKIA		Sanjeeb					La Plata	. Mar	ryland	/	
<u>¥</u>		BURIAL, CREMATIO			1 23c N	AME OF C	METERY OR CREMATO		Bd. LOCATION		
		BURTAT		2-5-87			hapel Churc		Pisgah	Charles	S Md.
	24 FL	UNERAL DIRECTOR					25a	DATE REC	D. BY REGISTRAR 256 REG	ISTRAR'S SIGNA	

DHMH - 16 60M 7/B4

should be detached far use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priagra TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital ar attending physician

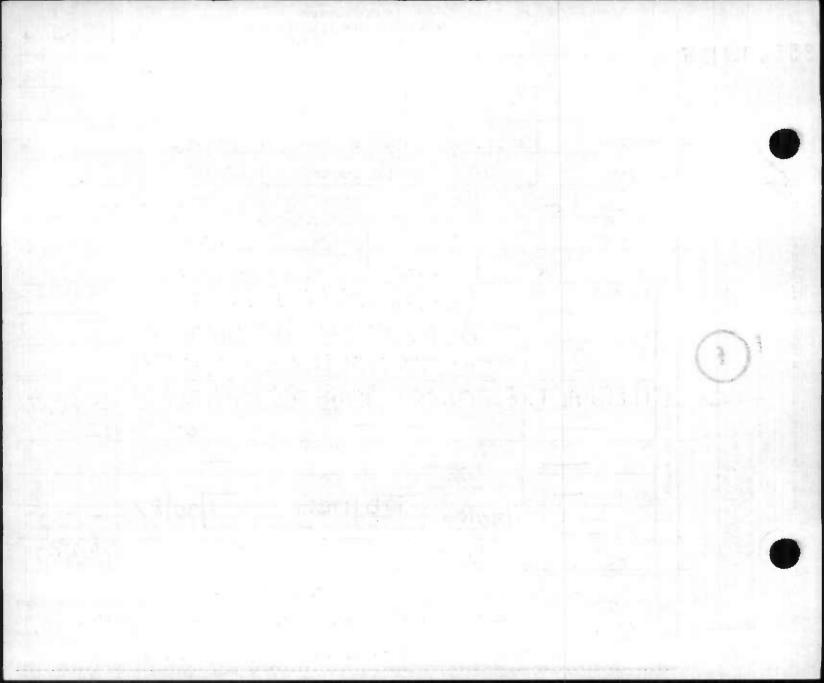
BP.

(VRA 15, 4)

THORNTON FUNERAL HOME

ADDRESS POMONKEY, MD.

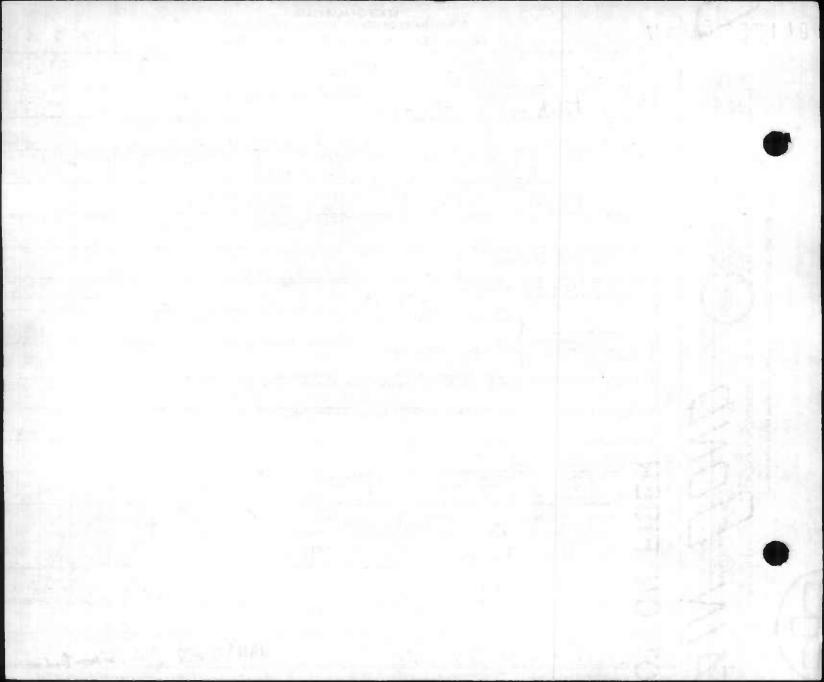
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

041	5	JAN	15	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	-	, ,	2
				EASED NAME	FIRST	N	AIDDLE	- 113	AST	20 DATE C	DE DE ATH M	IONTH	DAY YEAR	26 HOUR
noy be	eo		(TTPE	_	orge	Ch	arles	G	ermann	Jai	nuary	4.	1987	3147 "
OE Od	er o		3. SEX			RACE		5 DATE O	OF BIRTH		YEARS LAST BIRTH		MONTHS DATS	HOURS MIN.
ge 4	io S		_1	Male		White		Ma	y 5, 1932		54	YRS.		NOURS MIN.
Po der	Po S	1	To BIF	THPLACE (STATE OR FO	DREIGN 76	CITIZEN OF V	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	Y OF DEATH	
death	9	5		koma Prk		USA		WIDOW	DIVORCED		CF	(A)	150	MD.
17	Ped P	100	10 CI	Y OR TOWN OF DEAT	гн [11		OSPITAL, NURS		OR OTHER INSTITUTION	TTYPE OF WO	OCCUPATIO	WORKING L	IFFI INDUSTRY	OF BUSINESS OR
5 9	(8)	24		Plata					al Hospita	1 Carp	enter		Cons	truction
24 haur	ould be	5	130 S M	RESIDENCE (IF NURSI) TATE aryland	Anne	Arund	GIVE RESIDENCE BEFO 13c CITY OR TO LOTHIC	ORE ADMISSION) WN EN	136 INSIDE CITY LIMITS?	136 STREET 85 E	ADDRESS /	ZIP COD	NE NE	20711
other stely	2 25	5	14 FA	THER'S NAME		DLE	LAST		15 MOTHER'S MAIDEN N.	AME	WIDDLE		14	
mpte mpte		(1)	)	Eugene	В			mann	Louise		MIDDLE		Immi	ch
d co	icol	-	16a W	AS DECEASED EVER	NUS. ARME	(AB OB DATE)	166 SOCIAL SEC		17 INFORMANT		ADDRES			
oe ex	. Pages	2		NO OR UNKNOWN)	(11 123, 0142 4	AR OR DATES	577-40	-8113	Rose J. Ge	ermann	S	ame	as #1	3
ote L	opers (o)			18 CAUSE OF DEATH	I Enter anily	ane cause per	line lar (a), (b), (	and Ic			663	2	BETWEEN	XIMATE INTERVAL
rtific g phy	emo			PART I. DEATH WA	MMEDIATE		Courdi	1250	inatom one	12			100	mortes
nth ce	carbo n, ar r					DUE TO, OR	AS A CONSEQ	-		1			1	
dec dec	ofici			Conditions, if any, gave rise to imm	which ediate	( ıb)	ische	mic a	agra Wobe	CHE	100		7	2 Atron
hat the by the	rial, crem ar ather			cause (a), stating underlying cause	the	DUE TO, OR	AS A CONSEO	UENCE OF	05\\$		169	17		1005
gned	burio ry, a			PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO			NOT RELATED TO THE TER	MINAL DISEA	SE OR COND	ITION GI	VEN IN PART 1	la
red u	or to		5							- 47				
he law on. hos be	ene prik aws an)	7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES [		IN CERTI	S, WERE FIND IFYING CAUSE ES []	
y sice	Hygi Hygi 8 sh		CER	21a. ACCIDENT WAS UND		216. TIME OF	F INJURY	DAY VEAD	216 HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY	IN ITEM 18	PART 1 OR PART ?)	
ICIA g pl	ntol me	4	CAL	OR CONTRIBUTING C		P.A		19	n no					
PHYS indin	d Me		MEDICAL	21d. INJURY OCCURR		21e. PLACE C	OF INJURY	F FARM FIC )	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
offer 1	h and		>	AT WORK AT WOR	LE 🗌				tale and					
NO I	dealt is mo			22a.1 certify that							1 4		. 1937	tha (I) (we) last
Spite	of b			above (IP) well do	d did not	new the bady	offer reath.	360.0	nd that in (our) opinion	n death occur	red an the dat	e and ha		
OR , be ho DIRE	Dept Dept If Hen			22h SIGNATURE		0-	A. I	20	DEGREE ATTENDING	MEDICA	L STAFF		22c DAT	ESIGNED
ITAL by th				22d, PHYSICIAN'S NA	AAE . zwes on n	Y	4	7	PHYSICIAN  22e ADDRESS	DIRECTO	R PHYSICI	AN 🗌		12/8/
HOSP Ined I	with the State	П		Greon		Dalle.				طارن	Poul	W	Sha	20175 CM-20
70 reta	shoul with IMPO	+	230 B	URIAL, CREMATION, F	REMOVAL	23b DATE	7 230	NAME OF C	EMETERY OR CREMATORY					-0 10 a. 11
BP				urial		9Janl			Lincoln Cem	n E	rentw		°°°PG	Mq
DHMH - 16	60M 7/B	4	24 FU	NERAL ROBET	t E W	ilhelr	n Fune		JIIIC P	ATE REC'D. BY		Sb. REGIS	TRAR'S SIGNA	TURE Paridas &
(VRA	15, 4)						Sui	tland	, Md	JAN 9	1937	E	and the same	A. A.



7	1	FOR		STATE DEPARTMENT OF I		ARYLAND	YGIENE			. ,	
040420 181		STATE ORTGISTRAR		DICAL EXAMIN		ERTIFICATE O	Sec 1	REG. NO.	1 4	2 3	
240450 2W	f-D (T	ECEASED NAME YPE OR PRINT)	RT C	HARLES harles	Hall	MALL	20 DATE K OF DEATH		ONTH DAY	87 3 P	JR M
PY, PLEA DIRECTO DUR FILE 77 Z HOUI	3. SI	A. RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDA	AY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNDEAD	CED	NTH DAY	87 6 P	UR
ECESSAR FOR YOWNERAL WITHIN	/	BIRTHPLACE (STATE OR COREIGN COUNTRY) Shington, DC	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRI WIDOW	= =	ED Char	PRECITY OR CO	OUNTY OF DE		MD.
PAGE S PAGE S PAGE S	A 10.1	aldorf		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) IN BEAM C		ER INSTITUTION	120. USUAL OCCUP. FOR MOST OF WORK WELGET	ATION (TYPE OF WI	ORK 126 KIND	O OF BUSINESS	
21201 ANY DE RETAIN HEULD B		STATE 13b COUN Che Che Che Che Che Coun		VE RESIDENCE BEFORE ADMISSK 13c. CITY OR TOWN Waldorf	ON)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	s iorn Be	eam Ct	20601	1
RE, MO PM.3. PM.3. KVIFAL	7	FATHER'S NAME Obert Lee Ha]	MIDDLE	LAST		15 MOTHER'S MAIDE Janice	C. De	ople larr	LA:	.ST	
ALTIMO AFTER D SIVE PAGEN I FORM AGES 1,	16a	WAS DECEASED EVER IN U.S. AR	MED FORCES?	213-90-28		Regina A	Ann Hall	1903 C Walder	ambri f, Md	dge Rd 2060	1
TON ST., B 24 HOURS LITEM 18. C LONG WIT F PERMIT. P CGIENE, DIN		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (o)	SCIT INTICA		GSW to	chest		BETWE	ROXIMATE INTERVAL EN ONSET AND DEAT	тн
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DECAY, S NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 19. AND 31'O THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHEFF MEMORY ALONG WITH FORM PM.3. SETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE DEED AS A BURIAL-TRANSIT PERMIT PAGES 19 AND SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W-PRESTON STREET, BATTIMORE, MARYLAND, 21201 PRIOR TO BE FILED.		Conditions, if any, which gove rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)	AS A CONSEQUENCE (	OF .						
CORDS.  BE EXECUDING.  NDING.  AS A BUTH AN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (e).				
SHOULD SHOULD CHIEF A E USED A	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION W	'AS PERFORMED?				ITOPSY?	5
ON OF VIPICATE TO THE WATCHED BY ARTMEN	CALCER	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEAR	5	SCH INTOCCHREE	ted GSU	IRY IN ITEM 18 PART 1	OR PART 2)		
DIVISI HIS CERT WRITING VARDED AGE 3 SH ATE DEP	MEDICAL	WHILE OF WORK AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	110	58 Hara bea	unct chiverion	-	COUNTY VAT PS	Md STATE	
MINER: T IFICATE, 3E FORW CTOR: P H THE ST		22a I certify that I took char death resulted from: Natu	ge of the remains des		Autap		Inquiry Undetermined ma		my opinian		
AL EXAL DIRE (TH, WITH,		ACTUAL SIGNATURE	Roft 1		M	TITLE (SPECIFY)	MEDICAL EXAM		ATE 17	187	
AMEDIC MCCUTE T AGE 4 SI THE DEAR	1	EXAMINER'S NAME (TYPE OR PRINT)	M H	cut the		ADDRESS 1070	Darley Dr.	Caplat	a Mi	20646	
BP		BURIAL, CREMATION, REMOVAL (SPECIEY)  Burial	236. DATE 1-9-87	23c. NAME OF CEA		em. Garde			has.,	Md.	
DHMH - 17 (VR A15 ME (5))	1	FUNERAL DIRECTOR  NAME  LUNTT F.H. IN	PO Bo	x 156 Wal	dorf	Md. JAN	9 1987	gulia Des	P'S SIGNATUI	Jack.	

esetingson, 5d LizaX, toble: .#2 mest exem SDt n Large made Soft X Treats grade Ct. Dinter L. De tra and the transfer and analysis bring policy Ata weeter 1-947 Cateday From Method Table Local, Had.

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked on Item (18 shows on winjury

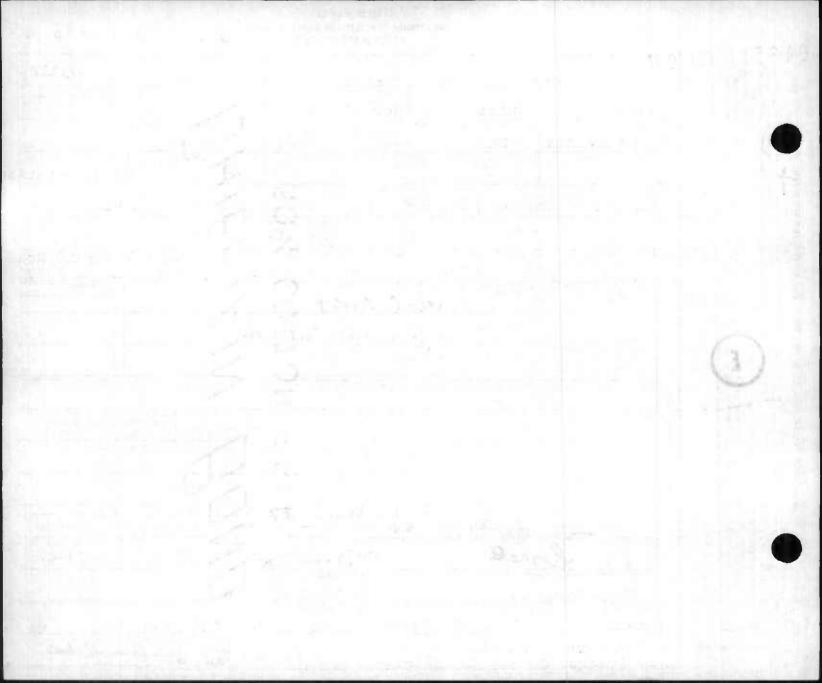
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	-1	4	5	4
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	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 8 PREG. NO.								
	DECEASED NAME FIRST MIDDLE LAST				ŁAST	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 7:13P			
		Wayne W H			rdesty January 28,1987				M
	3 SEX	and the second second	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	RIYEAR IFU	INDER 24 HRS
		Male	White	Nov		65	YRS		,,,,,,
)	(	RTHPLACE (STATE OR FOREIGN EST Virginia	76 CITIZEN OF WHAT O	MARRI	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		ATH	
5		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL,				Char 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	ION 12b. I	KIND OF BU USTRY	
7.		La Plata Physicians Memorial BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			Hospital	Driver	Tra	ınspo	rtatio
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE Maryland 13b coun Maryland Ch	ITY HIS CIT	IDENCE BEFORE ADMISSION: I LOPT I LOPT	13d. INSIDE CITY LIMITS?	2644 Ham	ilton P.	lace	#104
)	14 FA	ATHER'S NAME FIRST	MIDDLE	IAST	E11a	WE		LAST	
		160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO			17. INFORMANT ADDRES 128 Woodyard Roa				
7	(1)	YES, NO OR UNKNOWN) (IF YES, GIV	I 579	<b>—</b>	Robert D H	ardesty	Clinton	, Md	20735
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A	CONSEQUENCE OF  CONSEQUENCE OF  UTING TO DEATH BU		MINAL DISEASE OR CON	ADITION GIVEN IN P	ART 110	
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT		ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF	DEATH?
	RT	21a. ACCIDENT WAS UNDERLYING			Tate HOW INCHES OCCUR	YES NO	YES [		0 🗌
7		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. M		21c HOW INJURY OCCUR	KEU (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR I	PART 21	
	MEDICAL	214 INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TO	OWN COL	UNTY	STATE
		22a.1 certify that (I) (this haspi saw the deceased alive on above, (I) (wastidid) (did no 22b. SIGNATURE	1- 29-	19 67	25~ — , 19 87 and that in (my) (aux) opinion DEGREE	death accurred on the d		-	
		as net			ATTENDING PHYSICIAN	MEDICAL STA	FF	1-29	
		22d. PHYSICIAN'S NAME (TYPE C			27e ADDRESS	20601			
	22. 5	Girija Rath	M.D	Tan Mans of	Waldorf, Md	20601 1234 LOCATION			
		BURIAL, CREMATION, REMOVAL	23b. DATE			CITY OR TOWN	COUNT		STATE
	Burial   3Febl987   Cedar HIll Cemetery Suitland PG Md  14 FUNERAL DIRECTOR   1250 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME RObert E Wilhelm   ADDRESS   1500 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME ROBERT   1500 DATE REC'D. BY REC'D. BY REGISTRAR'S SIGNATURE NAME ROBERT   1500 DATE REC'D. BY REC'D. BY REGI								
		Funeral Home Suitland, Md FEB 05 1987 Julia Tandara, Kadala						ALUE,	



moy be CL

72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. N	10. <b>O</b>	J. Company	7	5	3
TE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 7 S	1 9 5 5			
100ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
Rayme Rayme	Raymond Clifton H		January 16, 198	7 6:55 Au			
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Male	Male Caucasian		5 1 YRS.	ONTHS DAYS HOURS MIN.			
Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Charles	Y OF DEATH MD.			
10. CITY OR TOWN OF DEATH  La Plata		NG HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI SUPERVISOR	126 KIND OF BUSINESS OR			
Maryland Cha	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JUST 134, CITY OR TOWN	YES NO NO	13e.STREET ADDRESS / ZIP COD	Tec			
Charles G.	Hawes LAST		nnie I. Dint	erman			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  YES, NO OF UNKNOWN) 18 YES, GIVE WAR OR DATES! 220-28-9058 Rita M. Hawes (Wife) -same as #13-						
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  (c)  CANCINOMA  APPROXIMATE BETWEEN ONSET  APPROXIMATE BETWEEN ONSET  APPROXIMATE BETWEEN ONSET  DUE TO, OR AS A CONSEQUENCE OF CANCINOMA  Kidney							
PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED STYLES OF DEATH? SS \( \sum \) NO \( \sum \)			
	EATH HOUR A.M. MONTH D	AY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18				
OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
· ·	27c.1 certify that (I) (this hospital) attended the deceased from 19 27. that (I) (1) lost sow the deceased alive an 19 27. that (I) (1) lost above, (I) (we) reduce (I) (did not) view the body after death.						
22b. SIGNATURE	snell		M.D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
	220601 Girija S. Rath, M.D.  220 ADDRESS 20601 St. Charles Prof. Bldg., #3200, Waldorf, Md						
230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY ryland Veterans		Pr.Geo., Md.			
24 FUNERAL DIRECTOR Huntt Funeral		Box 156 25a.D. f, Md 20601	JAN 20 1987	TRAR'S SIGNATURE			

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trail TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please term with the State Dept. of Health and Mental Hygiene prior to burial, cremin

(VRA 15, 4)

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# STATE OF MARYLAND

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		1-	FOR STATE REGISTRAR			DEP		NT OF HEALTH AND M CERTIFICATE OF DI		0	(G. NO.	0 1	9 5	C
			CEASED NAME	FIRST		MIDDLE		EAST		20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR	D
0 1 6	BIAN 22		T	Franc	es	An		Henderson		January			7:27	PM
p tod	JAN 23	3 BE	(	4	RACE			S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS E	AST BIRTHDAY)	MONTHS DA	AR IF UNDER 24	MIN.
age 4			FEMALE		WHIT			02 21,	1917	69	YRS.			
F 000	1 1		RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUN	ITRY?	MARRIED   NEVER M	ARRIED XX	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	100	
vner	61		W YORK	7		. OF	A	WIDOWED DIV	ORCED [	Char	les	The same	be Wellie	MD
s offer by the	De les	-	ty or town of dea			H FACILITY, GIVES	STREET AD		HUHON	Assist	trativ ant, Re		br Bisines	
24 havi	37	JUSU/	AL RESIDENCE LIF NURSI	13b COUNT Char	THER INSTITUTION	GIVE RESIDENCE	BEEORE AL	MISSION)	TY LIMITS?	13e SIRFEL ADDI				
thin thin	5 11		THER'S NAME					15 MOTHER'S		WE				
aple a	386	1	Charles	Franc	is He	nders	on	Mar	Y	MIE	Parke	r	LAST	
d cor		16a V	VAS DECEASED EVER			166 SOCIAL	SECURI	TY NO. 17 INFORMAN	VT PO	J. Box	580s ,	La Pl	ata, Mo	d.
e e c	medi	No	VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	124-1	10-1	1675 Chris	topher	r C. He	nderso	n-Nep	hew	
ofe b	t, the		18 CAUSE OF DEATH	H Enter anly	one cause per	lin Norwigi, (b	b_and	m d d d d	XIITI	10 0	0010	BETWE	OXIMATE INTERVI EN ONSET AND DE	AL
ertific	X 0 G		PARTI, DEATH W	IMMEDIATE		TU	IE	PERV	MILY	7/0,0	1012			
th co	100		tra de la colonia		DUE TO, O	PSECONS	ODEN	BITER	1/10/	US-A	RMO	FA 1		
deo	100		Conditions, if ony, gave rise to imm		(b)	IUN	1.0	0311100	0/30	13 /	02 17 11	1120		
that the	ol, crem		cause (a), stating underlying cause	g the	DUE TO, O	RASA CONS	EQUEN	CEOF CHOL	FSTA	TIC JA	HUND	1CE		
equires n signed	nen pri ra buri injury, a	NO	PART 2 OTHER SIGN	PE W	ERS CO	ONTRIBUTING	STODE	ATH BUT NOT RELATED	AZY T	INAL DISEASE OR	CONDITIONS	CT/OR	lia	
bee .	e de la	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR W	нісн о	PERATION WAS PERFOR	RMED	20a AUTOPSY	20b IF Y	ES, WERE FIN	DINGS USED SES OF DEATH	12
The lian.	le ne	E								YES NO		YES 🗌	NO 🗌	
AN: hysic	18 s		210. ACCIDENT WAS UND		11b. TIME O	OF INJURY M. MONTH	DAY	YEAR 216 HOW INJ	JURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM I	PART 1 OR PART	21	
SICI.	Hem	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	Р.	Μ.		19						
PHY tendi	od or	MED	21d INJURY OCCURR		21e. PLACE	OF INJURY REET, FACTORY, OF	FFICE FAR	M, ETC ) STREET	N	CIT	ORTOWN	COUNTY	STA	ATE
After After	ith o		AT WORK NOT WH			0		12/16/86		11/	11/27	10		
tol or.	Hed I is u		220.1 certify that Up-		) diegded th	e deceased to	19		our) opinion o	death occurred on	the date and he	our and from t	, that (1) (we the causes state	
POSPI RECT	pt. of	-	abave, (I/(we) (d	lid) ( <del>did not</del> )	view the body	after death.		DEGREE		/			TE SIGNED	
AL OF	te De		6	SAN	WIL	Re		Al	TTENDING E	MEDICAL DIRECTOR P	STAFF HYSICIAN []	- (/	14/8	17
ned by	with the Stat	1	27d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			77e ADDRESS	5				1 1	
eforne TO FU	with the		Sanieeh	Mishr	a M D			WaI.	dorf M	d				
D = 1	5 3 ≤		BURIAL, CREMATION,	REMOVAL	23b. DATE			ME OF CEMETERY OR C	REMATORY	23d LOCATIO	WN -	COUNTY	- SIA	ATE
BP			remation		1/15/	87	Le	e Cremato	-		ton , M			
DHMH - 16 (VRA 1			neral director ehart Fu	neral	Home	, Inc.	,La	Plata, Md		1 0 1007	- market		IATURE	

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DED A DEMENT OF HEALTH AND MENTAL HYCIENE

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	STATE PEGISTRAR		CERTIF	ICATE OF DEATH	8 REG. N	0	1 7	5/
	CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY		26 HOUR
(117	Camill	e Loui	seJohnson	1		12	7 77	1000
3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 H/S
fe	emale	White	Aut	10,1928	58	YRS	NIHS DAYS	HOURS MIN.
70° B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8.	Y -	9 BALTIMORE CITY		FDEATH	
M	aryland	U.S.A.	MARRIE		Charles	County		440
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			120 USUAL OCCUPAT	ION		F BUSINESS OR
	·	(IF NOT IN SUCH FACILITY, GI		1114-1	Home Mak	OF WORKING LIFE)	AUSTRY	ome
USU	LaPlata AL RESIDENCE (IF NURSING HOME OR	Physicians OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSIONI				2067	25
13a	STATE 136. COUN	rles Cob	b Island		99 N.W.	/ ZIP CODE Crain	-	
14. F		meron	IAST	15. MOTHER'S MAIDEN N Floren	MIDDLE		ŁAS	Ţ
160	WAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17 INFORMANT	ADD		Cra	in Blvd
n	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR GATES) 217-	76-6939	James Guy	Johnson-			Md 206
	18. CAUSE OF DEATH (Enter and	y one couse per line for to	thi andrews	1 21 - 1	0 17/	OUU_I	APPROXI	MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSED	BY:	Mion	totaler !	neal 1	mer		MOS
	IMMEDIAT	E CAUSE (a)	106	ay voy	Suc V			
		DUE TO, OR AS A CO	NSEQUENCE OF					
	Conditions, if any, which gave rise to immediate	(b)	111					
	cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF					
	underlying couse lost.	(c)		Annual Contract				
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	IDITION GIVEN	I IN PART 1ce	3
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		
IFIC					VES CI NOC	IN CERTIFYIN		OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	Tale How IN IUPY OCCI	JRRED (ENTER NATURE OF INJ			NO []
	OR CONTRIBUTING CAUSE OF DEA	1100110 4 11 110011	ITH DAY YEAR	THE HOW WASON FOCCE	JAKED (ENTER NATURE OF IN)	JAT IN HEM TO PART	I ORFARI 21	
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
~	AT WORK NOT WHILE							
	220.1 certify that (1) (this haspit	al) attended the deceases		3 - 3 , 19 8	8 to 7 -	27 19	87	that (I) (we) lost
	saw the deceased alive on.	1-2)	19 8 / ,01	nd that in (my) (aur) apinio	on death occurred on the o	lote and have o	nd from the	couses stated
	obove, (I) (we) (did) (did not	view the body offer deor		DEGREE)			22c.,DATE	SIGNED
	()	201		my ATTENDING	MEDICAL STA	FF	1/-7	27-87
	22d. PHYSICIAN'S NAME TYPE OF	11		22e ADDRESS	DIRECTOR PHYSI	CIAN	1/	
	ZZG. FITT SICIAIN STYMME (TYPE O	PRINCIPAL						
	Daniel Howe	L1. MD		LaPlata,	Maryland 2	20646		
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION		0.01	CY AV
4	Burial	1/30/87	Christ	Church Ce	metery Way	side,	Mary!	land^"
24 F	LINERAL DIRECTOR		11.00	250 D	ATE REC'D. BY REGISTRAL			
A	rehart Funera	1 Home, Inc	PORESSLA PI	ata, Md.			0 1	The same of the sa

DHMH - 16 60M 7/84 (VRA 15, 4)

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The Late of the La history of the property of the rigidade in a component in this property of

H AND MENTAL HYGIEN TE OF DEATH	8	REG. N	<b>10</b> .	3	1 9	,	5	. 2	
20	DATE OF	DEATH	MONTH	DAY	YEAR	2b.	HOU	R	_

-	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL	HYGIE	NE 8 REG. NO	0	1 9	5 . 6
1		CEASED NAME FIRST	-	MIDDLE	l.	AST	2			YEAR	26 HOUR
1	LIAME	BAILEY	Keal	kui	KAI	LIMAI		JANUARY	3.	1987	9:43P M
1	3. SEX		1. RACE	10	5. DATE C			AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
		MALE	Hawaii	ian $\mathcal{U}$	Jan		09	7	7 YRS	DATS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN )	-	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9.	BALTIMORE CITY OF	COUNTY	OF DEATH	
7		Hawaii	U.S.A.		WIDOWE	D DNORCED			RLES		MD.
1	1	LA PLATA	PHYSIC]	LANS MEMO	ADDRESS) RIAL	DR OTHER INSTITUTION HOSPITAL		usual occupation of the Lagineer	ON WORKING LIFE	12b. KIND O INDUSTRY Motor	Fard.
5	Ma		TY Seo S	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Upper  Mar Looro	ADMISSION)	134 INSIDE CITY LIMIT	1 4	3. STREET ADDRESS / 4309 Canyon	zip code n View	v Drive	/20772
A	H. FA	ATHER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN		MIDDLE		LAS	T.
u	_	Henry		Kailima		Loui	ise			Op	
-		VAS DECEASED EVER IN U.S. ARA VES_NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	166 SOCIAL SECU	RITY NO.	Carolyn Hu	udso	4309 Caffy n-Upper Mai	on Vi	lew Dri	ve, 20772
	TIÔN	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	(c) ONDITIONS <u>CC</u>		DEATH BUT		TERMIN				
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES	, WERE FINDING CAUSES	NGS USED OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			AY YEAR	21c HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOV	VN.	COUNTY	STATE
		22a I certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did not	January	V 3. 10	rebru 87	ary , 19 8 nd that in (my) (aur) api		oth occurred on the do			that (1) (we) last causes stated
		Muraul a	- Den	there		DE GREE  ATTENDIN PHYSICIA	NG IAN	MEDICAL STAF		1/3/	
1		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)			22e ADDRESS					
		MICHAEL LEATH	HERWOOD	, M.D.		WALD	DORF	. MARYLAND	20	0601	
		BURIAL, CREMATION, REMOVAL	236 DATE		NAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION		COUNTY -	STATE
		Cremation	1/5/8	7 Ce	dar H	ill Cremato		Suitland		Geo's)	Md.
	R	uneral director ichard A. Colema uneral Home	an U	pper Marl	boro,	Md.20772 250	JAN	3 0 1987	b. REGIST	BARIS SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. Ihould be detached for us with the State Dept. of the



ATTENDING PHYSICIAN: The low requires that the

TO HOSPITAL retorned by th

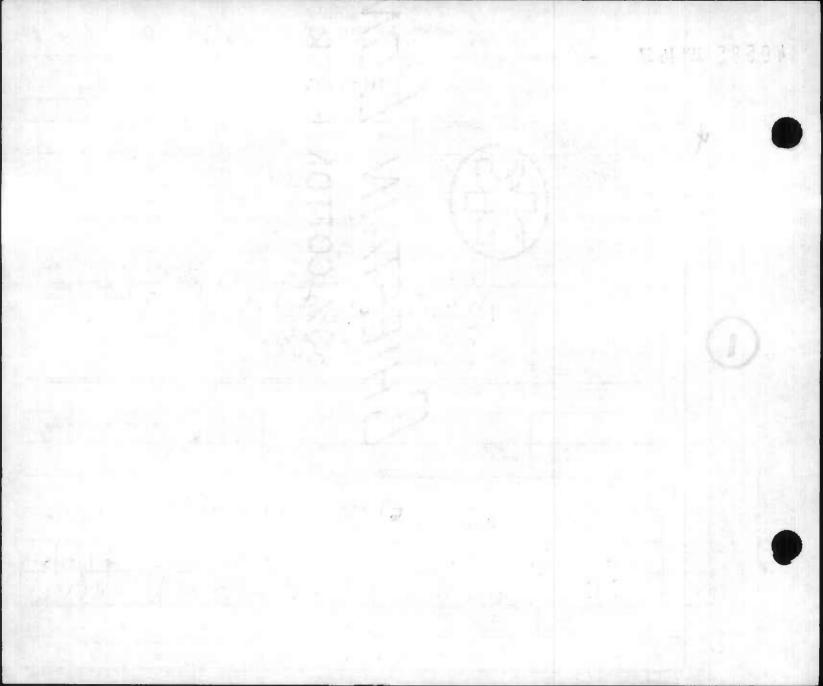
STATE OF MARYLAND

8	REG. NO.	0	1	9	3
	REG. NO.				

1	FOR - STATE	DEPARTMEN	NT OF HEALTH AND MENTAL HYG	IENE 🙊 🍸	0 1 9 5 9
12.0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0
	TEALD NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
71110	EVE Lyn	marie	Martin		1 87 105 P.
1.58		RACE IS	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
2217	F	0	MONTH DAY YEAR	and the same of	MONTHS DAYS HOURS MIN.
Te 0	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8	2 28 1899	O YR	
100	COUNTRY		MARRIED   NEVER MARRIED X	BALTIMORE CITY OR COUN	III OF DEATH
ALC: N	hoenix, Maryland		VIDOWED DIVORCED	Charles Count	V MD
100	.01 . /	I NAME OF HOSPITAL, NURSING I		12a USUAL OCCUPATION  (MPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
16	-a Platte	Meridian 1	lursing Center	Seams tress	Clothing mfgr
A SU	RESIDENCE (IF NURSING NOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADD	MISSION) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE
Ma	arvland	Baltimore	YES NO	3627 Roland Av	
	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
D.		DDLE LAST	Mary Ann Sm	i th	LAST
	In Stanton Mar WAS DECEASED EVER IN U.S. ARME			ADDRESS	
1	(YES, NO OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 2120718	345 C D	Brandyv	vine, Md. 20613
-	NOI		Charles R.	Martin, 7901 L	SDA TOTAL
	PART I. DEATH WAS CAUSED I	one cause per line lactal, for any ic	0 / 1	Dr. No.	METWEEN ONSET AND DEATH
	IMMEDIATE		Magnas	Much	1
		DUE TO, OR AS A CONSEQUENCE	EQF ( CO. C	1.	
	Canditians, if ony, which	1 Herry	word Lorden	man W	an
	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQUENCE	TE OF		
	underlying couse last	16			
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
FICATION					
73	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	PERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
				YES NO	YES NO
GE .	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
1 E	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM	N. ETC ) STREET	CITY OR TOWN	COUNTY STATE
	AT WORK		11/25 81	1 117	7
	sow the deceased alive on_	1 3 1 1 9 17 1	rand that in (my) (our) opinion	dooth occurred on the data and l	, 19, that    (we) last
	abovg [hiwe] (did) [did opt] y	new the body after death		dedni occorred on the date ond	
	22b. SIGNATURE	1 11	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
	XXX 4	Mon	* V PHYSICIAN	DIRECTOR   PHYSICIAN	A1712
	STANDARS BANE UM ON	(est)	22e ADDRESS		
	of low.	AT (AV2m)	FELL	ATAM	20105 1
		236. DATE   23c NAA	ME OF CEMETERY OR CREMATORY	236 LOCATION	
I	Burial	01-09-86 Jes	sops Cemetery	Sparks, Balto	CO., Md. STATE
24 F	UNERAL DIRECTOR			E REC'D. BY REGISTRAR 256 REG	
F	Burgee-Henss Fune	ral Home, Baltim		AALAO	A A A STA

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this centificate has been signal should be detached for use or the buriod-ransat permit. Then p with the State Dept. of Health and Mental Hygiens prior to bur



TO HOSFITAL OR ATTENDING PHYSICIAN: The law estained for the hospital or attending physician

0 + 3 267	FEE	19	FOR STATE REGIST
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completely filled in by the funeral directar, page 3 1 and 2 should be filed within 72 hours after death

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEAD CERTIFIC

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	7	7 0	7 0 1	7 0 1 9	7 0 1 9 6

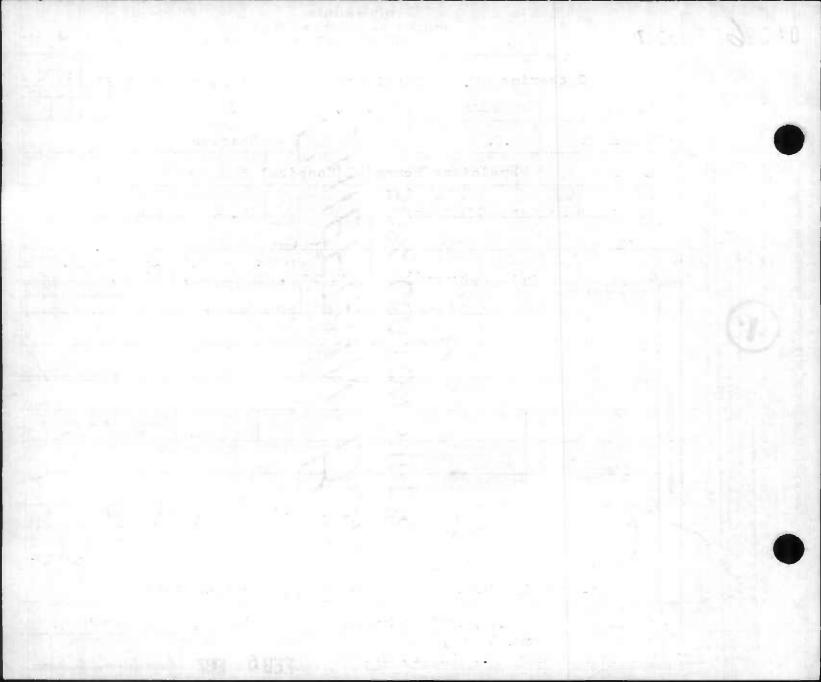
	REGISTRAR			REG. N	O.
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
3,1		erine M. M	lassicotte	January	20 1987 9:30P M
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
Î	Female	Caucasian	Dec. 8, 1904		MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
	Connecticut	U.S.	WIDOWED DIVORCED	Charles	MD.
10	LaPlata		NG HOME OR OTHER INSTITUTION LADDRESSI LEMOTIAL Hospi	ta L homemake	12b. KIND OF BUSINESS OR INDUSTRY  T .
13	O. STATE 13b. COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFOR JNTY 13c. CITY OR TOV		S? 134.STREET ADDRESS	/ ZIP CODE
	Maryland Cha	rles LaPlata	YES NO	RT. 488	20646
14.	FATHER'S NAME FIRST	MIDIOLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
1	Michael	Stack	Bridg	et	unk
16	WAS DECEASED EVER IN U.S. A	IRMED FORCES? 166 SOCIAL SECTIONS (IVE WAR OR DATES)	URITY NO. 17. INFORMANT NED	hew: 183	6 Metzerott Rd.#1122
	no	n/a 046-10-6	070 Francis R	. Massicotte.	Adelphi MD20783
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	1	1 1 2 1 2 1 2	pulling	
	IMMEDIA			0.000	
		DUE TO, OR AS A CONSEQU			
	Conditions, if any, which	(b) (12ce	www.c.		
	couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
	underlying couse last.	(c)			
-		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110.
CEDTIEICATION					
LAC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TIE				YES NO	YES NO
O'L	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	JRY IN ITEM IB. PART I ORPART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
ME	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	OWN COUNTY STATE
Ī	WHILE NOT WHILE AT WORK				
	220.1 certify that (I) (this has	pital) attended the deceased from	19 9	10	19 5, that (I) (we) last
	spw the deceased alive a	not) view the body after death.	ond that in (my) (our) opi	nion death occurred on the d	late and hour and from the causes stated
	22b. SIGNATURE	ST, VIEW THE SEASON STATES	DEGREE		22c. DATE SIGNED
	10.	10	ATTENDIN	MEDICAL STA	FF 1 1 1 1 2 1 2 7
	22d. PHYSTGIAN'S NAME (TYPE	OR PRINT)	22. ADDRESS	IN THE DIRECTOR   PHISH	TAN
		Baig, M.D.		Maryland	20646
					20040
23	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	rinceGeorge's MD
	Cremation	Jan. 21, 1987 L	ee crematory	Clinton P	rinceGeorge's MD

BP

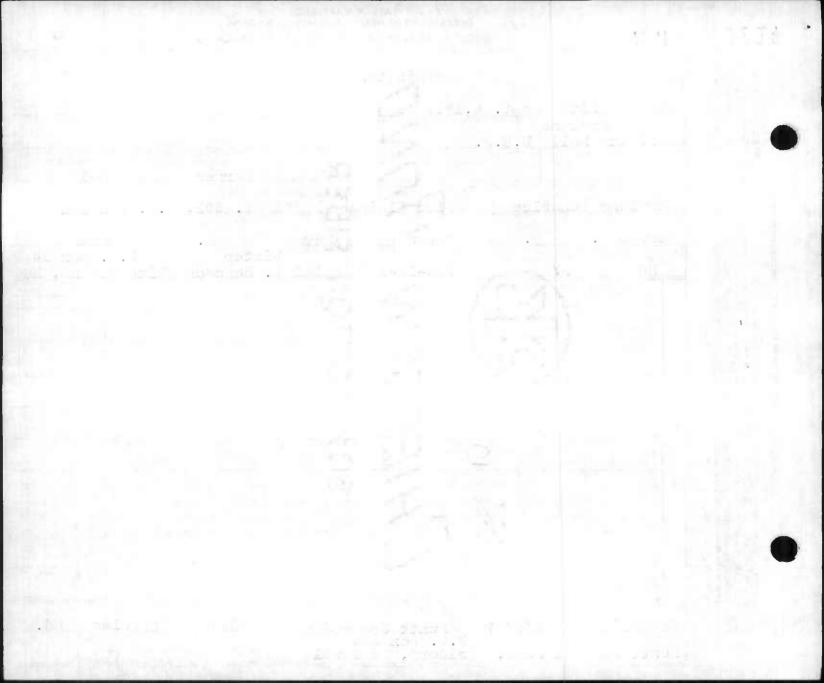
MPORTANIT: If Item 21 is marked or Item 48 shows any injury, ar other Item TO FUNE AL DIRECTOR. After this certificate has been signed by the library be detached for use as the buriol-transit permit. Then please rain the flate Dept. of Health and Mental Hygiene prior to burial, cree.

Lee Funeral Home, Inc OHMH-16 60M 7/84 (VRA 15. 4) 6633 Old Alexander Ferry Rd., Clinton, MD 20735

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



		#1	8a, 21a FOR by Me	,-22a.,	G-624 /Gbj.	2/2/8 STATE OF HEADEPARTMENT OF HEADEPARTMENT	F MARYLAND	AL HYGIENE		
14	0709 J	N-	STATE TO		MEI	DEPARTMENT OF HEADICAL EXAMINER	S CERTIFICATI	E OF DEATH / RE	G. NO.	101
		I. DE	CEASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOW OF ESTI	VN (7) MONTH DAY	YEAR 26 HOU
	IS NECESSARY, PLEASE EUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS WERESTON STREET,			Joseph		Washington	Moran	DEATH MATE	D	1987
	FET FET STREET	3. SEX	4, R	ACE 5.	DATE OF BIRTH	6. AGE (IN YEARS. I	UNDER 1 YR. IF UN		MONTH DAY	YEAR 24 HOU 8:29
	ON SON	Ma			ept. 4	1917 69 YRS.		DEAD	1/4/	187 a /
	ESS.	7e BI	RTHPLACE THATE	ryland"	. CITIZEN OF WH	AT COUNTRY?	ARRIED   NEVER M	ARRIED BALTIMORE C	ITY OR COUNTY OF	DEATH
	AND STATE OF THE PROPERTY OF T	Ch.	arlotte	Hall	U.S.A.			ORCED D Charles	County,	M
	>IOES		TY OR TOWN OF D		(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)		12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	N (TYPE OF WORK 12b. KIN	ND OF BUSINESS INDUSTRY
Jun 300	IF ANY DELA 3. RETAIN PA 3. RETAIN PA 4. SHOULD BE 5. SHOULD BE 6. SHO	1	LaPlata			n's Memorial I	dospital	Farmer	Se	lf
21201	ANY DI AN	13e. S	TATE	136 COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMIT		d	067
D. 2	SHOW SHOW		aryland ATHER'S NAME	Charl	es	White Plair	15. MOTHER'S M		P.O. Box	101
E, M	DEATH. IF GES 1, 2, M PM 3. AND 2 SH	1	FIRST		NODLE	LAST	FIRST	MIDDLE		LAST
NO.		Ióa V	POrge A	ER IN U.S. ARMEI	FORCES?	Moran Tibb. SOCIAL SECURITY NO	Cora 17 INFORMANT	M. ADI	Mora	
BALTIMORE,	JRS AFTER 3. GIVE PAWITH FOR UTILITY PAGES 1. DIVISION (	[A	NO OR UNKNOWN)	N/A	OR DATES)	213-16-283		Sister	P.U. 1	Box 94
	OURS AF 18. GIVE WITH I				ne cause per line	far (a), (b), and (c).)	ullianel	L. Hancock V	Inite Pla	PROXIMATE INTERVAL
201 W. PRESTON ST.,	NE SE	7	PARTIDEATH	WAS CAUSED B	Y: A ]	coholism co	mplicated	by hypothe:	rmia BETW	VEEN ONSET AND DEATH
O	ALONAL YGIEN OVAL		9017	IMMEDIATE		AS A CONSEQUENCE OF	The state of	AT 11 - 11 11		
PRE	REW REW			f any, which o immediate	(b)					
*	UTED WITHER IN PENCIL I EXAMINER I I L TRANS O MENTAL HON, OR READON, OR READON,		cause (a) stat	ing the under-	< (~/	AS A CONSEQUENCE OF		THE TOTAL		
201	ON, ON,		lying cause la	ist.	(c)					
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOUR RD. "PENDING" IN PENCIL IN YOUN IB. HIEF MEDICAL EXAMINER ALONG WEARING THE MISTAL TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, DIRIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CON	TRIRUTING TO DEATH I	RUT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN	IN PART 1 is .		
8	ARED OF CREVE	CERTIFICATION								
AL R	SHOULD CHIEF / CHIEF / TOF HE	CA	190. DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED?		20 A	UTOPSY?
X	WORD WORD HE CHIE ENT OF	E	21s. EXTERNAL CA	ALISEWAS	21b. TIME OF	NIIIDY	- HOW INTURY OCCU	JRRED LENTER NATURE OF INJURY IN I		ES X NO 🗆
ON	CERTIFICATE SHOULD STING THE WORD "PE SDED TO THE CHIEF A E 3 SHOULD BE USED A E DEPARTMENT OF HE OI PRIOR TO BURIAL, OF		UNDERLYING CONTRIBUTING			MONTH DAY YEAR		exposed to co		
SIO	ERTIFICATION THING	MEDICAL	214 INTURY OCCU	IDDED	21e PLACE C	17	LOCATION	axposed to co		ryland
INIO	LER: THIS CER. CATE, WRITIN FORWARDED OR: PAGE 3S HE STATE DEP HE STATE DEP	ME	WHILE AT WORK	DT WHILE		ORY, FARM, ETC.)	STREET BOX	101, White P	lains. Ch	arles,
	THIS CHARTER WARDE				NA					
	A S S S S S S S S S S S S S S S S S S S	1		ot I taak charge a	1/X			ection . Inquiry .	and in my opinion	
			death resulted fr	am: Natural	causes	Actions La Suicide	, Homicide	Undetermined manner		
	A BE BE			14010101	K		71717 (0070)			
	E CERTIFE CERTIFE BUTTO BE WITH WITH WITH WITH WITH WITH WITH WITH		ACTUAL	om regioner	X	1	TITLE (SPECIF	Y)	DATE	1/5/87
	E THE CERTIF SHOULD BE BEAL DIREC EATH, WITH ORE, MARYE		SIGNATURE		1				DATE SIGNED	1/5/87
	MEDICAL EXAM ECUTE THE CERTIF GE 4 SHOULD BE FUNERAL DIREC FER DEATH, WITH LTIMORE, MARRE				1	auffman, M.D.		Y)		1/5/87
	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDEL TO FUNEATAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYDAND, 21201 P	23a B)	SIGNATURE	<sup>AE</sup> Grego	ory R. Ka	V	M.D. Assist	() Cant MEDICAL EXAMINER		1/5/87
07/84 25M	11/1	C	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION	AE Grego	Dry R. Ka	auffman, M.D.	ADDRESS	ant MEDICAL EXAMINER  111 Penn St.  1234 LOCATION	SIGNED	STATE



e .	TE	OF	8.0	AR	wa.	4 84	Ph.

8	1	0	1	7	0	
	REG. NO.					
25 05	OF A TILL	DAY.				

			STATE OF MARYLAND		
JAN 28	STATE	DEPARTM	TENT OF HEALTH AND MENTAL HY	0 / 0	196
1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	PE OR PRINT)			26. DATE OF BEAUT	
3. SE	Dan	iel D.	Nose1	January 19	F UNDER I YEAR IF UNDER 74 HS
/			MONTH DAY YEAR		MONTHS DATS HOURS MI
	nale	csucasian	Jan 21 1928	58 YRS	OFDEATH
/_	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
	Pennsylvania	U.S.A	WIDOWED DIVORCED	Charles Co	1
(1)	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	(DDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS (
o I	aPlata /	Physicians Me	morial Hespita	Ret Policeman.	D.C Govt
130.	JAL RESIDENCE (IF NURSING JOM STATE Lryland St	DUNTY 13c. CITY OR TOWN	ADMISSIONI N 134. INSIDE CITY LIMITS? SVILLEYES X NO	13e STREET ADDRESS / ZIP CODE 91 Pocahontas	
E VIII.	ATHER'S NAME	The state of the s	15 MOTHER'S MAIDEN NA		/
100	John	Nosel	Mary	WIDDLE	urkow
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECUI		ADDRESS	
20	(IF YES, NO OR UNKNOWN) (IF YES	WII 208-20-0	629 Janet Nosel	same as item	13
7	Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE	ral Massulon	accident winal disease or condition give	EN IN PART 110
ws ony inju	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUI	IN CERTIF	YING CAUSES OF DEATH?
-/ /	CO CONTRIBUTION C CHUST OF	216. TIME OF INJURY F DEATH HOUR A.M. MONTH DA	21¢ HOW INJURY OCCU	YES NO YE	YING CAUSES OF DEATH?
/	CO CONTRIBUTION C CHUST OF	21b. TIME OF INJURY HOUR A.M. MONTH DA AINER;  21e PLACE OF INJURY	YEAR 19 211. LOCATION	YES NO YE	YING CAUSES OF DEATH?  S NO NO
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19 211. LOCATION	YES NO YE	YING CAUSES OF DEATH?
/	OR CONTRIBUTING CAUSE OF CHEETHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	YEAR 19 211. LOCATION	YES NO YE	YING CAUSES OF DEATH?  S NO  ART I OR PART ?}  COUNTY STATE
	OR CONTRIBUTING CAUSE OF (# ETHER, NOTHY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (MHSTM  Spw. the decessed plive	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21¢ HOW INJURY OCCUI	YES NO YE	YING CAUSES OF DEATH?  S NO  ART I OR PART ?)  COUNTY STATE  19 , that (I) (wee)
/	OR CONTRIBUTING CAUSE OF CHIEF NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e.1 certify that (1) (4ths fit	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21¢ HOW INJURY OCCUI	YES NO NO YE	YING CAUSES OF DEATH?  S NO  ART I OR PART ?)  COUNTY STATE
/	OR CONTRIBUTING CAUSE OF CHARLES AND CAUSE OF CA	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. HOW INJURY OCCUI  19 21f. LOCATION STREET  , pnd that in (my) (worth apinion  DEGREE  ATTENDING	THE CERTIFY THE STAFF	YING CAUSES OF DEATH?  S NO NO COUNTY STATE  COUNTY STATE  19 , that (I) (week)
/	OR CONTRIBUTING CAUSE OF CHARLES AND CAUSE OF CA	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA DSpiral) offended the deceased from a DO.  19	216. HOW INJURY OCCUI  19 211. LOCATION STREET  J F J J J J J J J J J J J J J J J J J	YES NO NO YE  RRED (ENTER NATURE OF INJURY IN ITEM 18. F  CITY OR TOWN  death occurred on the date and hou	YING CAUSES OF DEATH?  S NO  ART I OR PART ?)  COUNTY STATE
MEDICAL	OR CONTRIBUTING CAUSE OF  (FETHER, NOTEY MEDICAL EXAM  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  220.1 certify that (1) (4445** fit  SDW the deceased plive above, (1) (4445** fit)  27b. SIGNATURE  27d. PHYSICIAN'S	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA  Dispital) offended the deceased from a Do.  19	216 HOW INJURY OCCUI  19 216 LOCATION STREET  , and that in (my) (worth approint  DEGREE  ATTENDING PHYSICIAN  276 ADDRESS	VES NOD YE  RRED (ENTER NATURE OF INJURY IN ITEM 18. F  CITY OR TOWN  deoth occurred on the dote and hou  MEDICAL STAFF DIRECTOR PHYSICIAN	PYING CAUSES OF DEATH?  S NO  PART 1 OR PART ?  COUNTY STATE  19
APORTANT: If them 21 is morked at the 21 is morked at them 21 is morked at the 21 is morked at them 21 is morked at them 21 is morked at the 21 is	OR CONTRIBUTING CAUSE OF (#FETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM AT WORK NOTIFY MEDICAL EXAM 220.1 certify that (1) (MHS-11) Spw the deceased playe above, (1) (MHS-11) Spw the deceased playe above, (1) (MHS-11) Spw the deceased playe above, (1) (MHS-11) Spw the deceased playe above. (1) (M	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F,  DSpiral) offended the deceased from e Dn the body affected that	216 HOW INJURY OCCUI  19 211. LOCATION STREET  J FW 19  ARM. ETC.) 211. LOCATION STREET  19  ARM. ETC.) 19  DEGREE  ATTENDING PHYSICIAN  270 ADDRESS  P.O.BOX 8,	VES NO NO NO CERTIFY YES RRED (ENTER NATURE OF INJURY IN ITEM 18. F	PYING CAUSES OF DEATH?  S NO NO NATION PART?  COUNTY STATE  19
APORTANT: If them 21 is morked or Item 1	OR CONTRIBUTING CAUSE OF  (FETHER, NOTEY MEDICAL EXAM  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  220.1 certify that (1) (4445** fit  SDW the deceased plive above, (1) (4445** fit)  27b. SIGNATURE  27d. PHYSICIAN'S	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.)  Dospital) attended the deceased from P.M.  22e. Place  Y. R. Pace  M. 1  22c. Page 1.	216 HOW INJURY OCCUI  19 216 LOCATION STREET  , and that in (my) (worth approint  DEGREE  ATTENDING PHYSICIAN  276 ADDRESS	PRED (ENTER NATURE OF INJURY IN ITEM 18. F  CITY OR TOWN  Adoth occurred on the dote and hou  MEDICAL STAFF  DIRECTOR PHYSICIAN   Waldorf, Md 2  23d LOCATION  GITY OR TOWN	COUNTY STATE  20601  COUNTY STATE  20601

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FULLIN \_\_MECTOR

Gerrige P Kalas Funeral Home, Oxon Hill Md

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DHMH - 16 50M 1/81 (VRA 15, 4)

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### STATE OF MARYLAND

8	REG.	NO.	0	ì	3	O	
ATE OF I	DEATH	MONTH	DAY	YEAR	$\neg$	26 HOUR	

īn.	1-2	STATE PLUSTRAR			DEF	CERTI	FICATE OF I		ENE 8 REG. N	. 0	1 1	000
U		SED NAME	FIRST		MIDDLE	- 77	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	(1776)	CRPRINI	CARM	ELLA	M	NUI	NZIATO		(	1 2	8 87	950
	3. SE	X		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
		FEMALE		WHI	TE	MON	7 16	1900	86	YRS.	MONTHS DATS	HOURS MIN.
0		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COU	VTRY? 8.			9 BALTIMORE CITY		OF DEATH	
/		NEW JERS	EY	U. S	OF	A. WIDOW	ED NEVER	VORCED	CHARLES	COUN	TY.	MD.
5	10 CI	PLATA	ATH	11. NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOME MAP	ON DE WORKING LIF	126. KIND C	F BUSINESS OR
1	130 S		136 COUN	OTHER INSTITUTION ITY OUTH	130 CITY OF	RIOWN	13d INSIDE C	ITY LIMITS?	BOX 537 I	INE	ROAD	67747
1	FA	N/know	n	MIDDLE Impe	erio	ST		MAIDEN NAM			LAS	51
3	11	WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	Unko	SECURITY NO.	17 INFORMA MARIA	DAUG	HTER: ADDRI TES, NA	BUX	310 A	20662
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	ly one couse per D 8Y: E CAUSE (0)	line for (a), (	nclio -	Respi	entory	anest		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	z	Conditions, if ony gove rise to im couse 101, stoti underlying coust	mediote ng the lost	(b) DUE TO, O	R AS A CON	SEQUENCE OF	LINOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 110	0
7	THEATION	198 DATE OF OPERA	TION	196 COND	ITION FOR W	VHICH OPERATION	ON WAS PERFO	RMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO TO THE PROPERTY OF THE PROPER			
1	CAL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	·m ·		H DAY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	HOLE	21e PLACE (AT HOME, ST		DEFICE, FARM, ETC.)	211 LOCATIO	)N	CITY OR TO	wn	COUNTY	STATE
		sow the decease above, (1) (we) (	ed olive on	1-1		63		(our) opinion d	eath occurred on the de		r and from the	
,		226. SIGNATURE  226. PHYSICIAN'S N	AME LIVE O	+ Bu	who M	0			MEDICAL STAI	F IAN []	1-2	8-87
		HENRY	L. BI		M.D.		22e. ADDRES	PLATA,	CHARLES	COUN	TY, MA	ARYLAND
	- 1	BURIAL, CREMATION	REMOVAL	23b. DATE		23c. NAME OF			23d LOCATION CITY OR TOWN		COUNTY	STATE
	_	URIAL JNERAL DIRECTOR		01-31	-87	ST. Jo	OSEPH!		KEYPORT			NJ
	29 FC	JINEKAL DIKECTOR						250 DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE

24 FUNERAL DIRECTOR
DAY FUNERAL HOME

KEYPORT, NJ

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BARRANAM TO DOUGHT IN THE STATE OF THE PARTY AND THE PARTY THE REPORT OF THE PROPERTY OF

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	

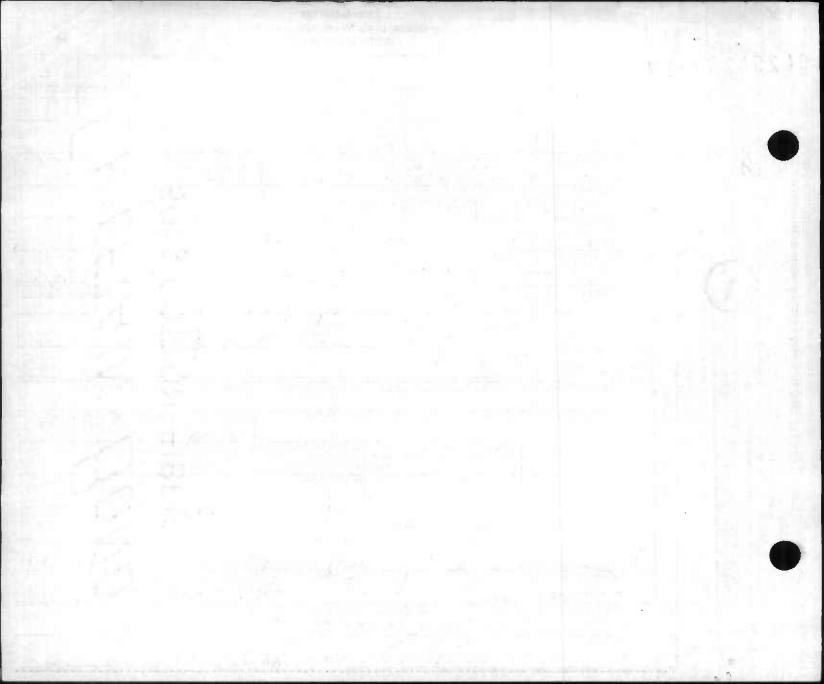
8	REG. NO.	0	į	9	6	1
75.00	DEATH.			17.10 T		_

1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	had I	01969
	DECEASED NAME FIRST	WIODIE	LAST		ONTH DAY YEAR 76 HOUR
1	ANNA	Marie	OLSON	JANUARY 27	1987 2:35A M
1	1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	FEMALE	Caucasian	3-1-1901	8 5	MONTHS DAYS HOURS MIN.
LA PLATA PHYSICIANS I			ING HOME OR OTHER INSTITUT		1 26. KIND OF BUSINESS OR INDUSTRY
2	130. STATE  Maryland Cha	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	D O D	x 7/20637
1	FATHER'S NAME FIRST Was E	mil Sch	Warz 15. MOTHER'S MAI	DEN NAME available	LAST
-	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SEG	CURITY NO. 17 INFORMANT	APORESS	O. Box 7
	n o	220-32	-6343 Mariant	ne Canter Hug	hesville, Md.2063
-	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last		DIENCE OF		ION GIVEN IN PART 110  Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
	alt a			YES NO	YES NO
	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY II	UITEM 18 PART I OR PART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		oital) attended the deceased from  19 at) view the body after death.	DEGREE ATTEN	IDING MEDICAL STAFF	nd haur and from the causes stated  22c DATE SIGNED
-	220. PHYSICIAN'S NAME (TYPE	ORPRINT)	PHYS 1220. ADDRESS	ICIAN M DIRECTOR PHYSICIA	MI 1/87/8+
	KHADAR BAI	G, M.D.	L	A PLATA, MARYLAND	20646
2	Burial CREMATION, REMOVAL	1-31-1987 I	NAME OF CEMETERY OR CREM 'rinity Memor	ial Waldorf	
V	24 FUNERAL DIRECTOR		Box 156	250. DATE REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATURE
IJ	Huntt Funeral	Home Waldor	f, Md. 20601	JAN 2 9 1987 Z	hely Dirid mathering

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hea APOSTANT, # 16

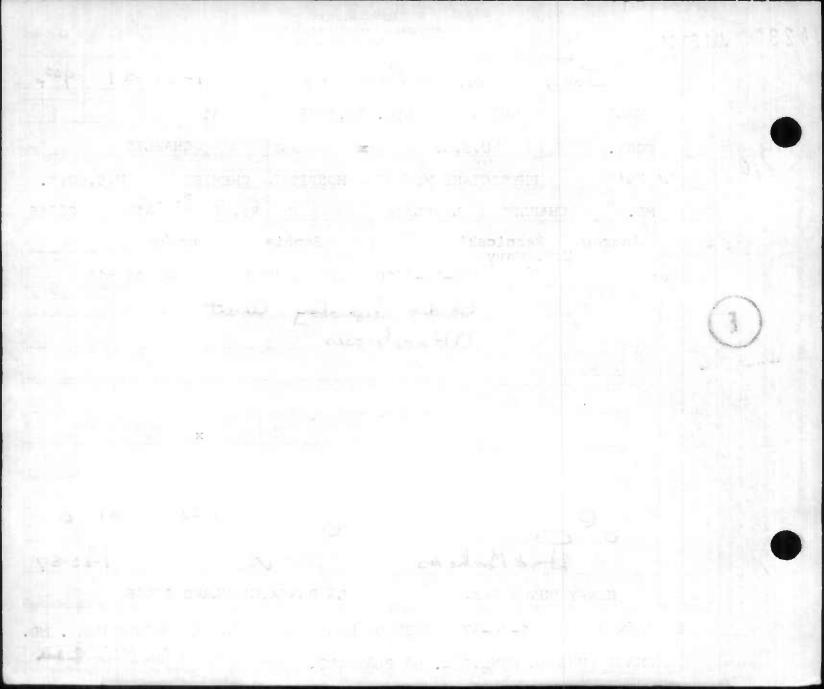
FEB



STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5	1	0	1	-3	0
	REG. NO.				

						SIAI	E UF MAKTL	AND				
8 8 JAN 30	87	FOR STATE REGISTRAR			DE	PARTMENT OF I	EALTH AND		0 /	G. NO.	) 1 9	6 3
poge 3	1. DEC	CEASED NAME FIRS	ST N		NILL!	AM RE	SNICH	4	20. DATE OF DEA	1-22	DAY YEAR	26 HOUR 903
softer d	3. SEX	MALE	4. RA	CE WHIT	E	S. DATE	25,19	905	6. AGE (IN YEARS LA	ST BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS
172 hou		RTHPLACE (STATE OR FOREIG CONN.		U	S.A	MARRIE WIDOW	D NEVER	MARRIED	9 BALTIMORE CI			М
notified		Y OR TOWN OF DEATH	(	IF NOT IN SUC	HOSPITAL, N	URSING HOME E STREET ADDRESS  MEMORI			12a USUAL OCCU	OST OF WORKING	LIFE) INDUSTRY	GOVT.
mustbe	13e S	130	OME OR OTHER COUNTY		13c CITY O		13d. INSIDE C	NO X	RT.#6	ESP/•ZP COI BOX 4		20646
R		THER'S NAME Andrew		snics		ST	15. MOTHER	S MAIDEN NAM Sophia	ı MIQ	upska	lAS	iτ
e.medicol	Ye Ye	VAS DECEASED EVER IN V. ES, NO OR UNKNOWN) S	S ARMED	OR DATES)		L SECURITY NO. 24-3410	17 INFORMA	V R. H	A	DDRESS	AS #13	IMATE INTERVAL ONSET AND DEATH
or to birrin commy injury, or other in	MION	gove rise to immedio couse to), stating the underlying couse to PART 2 OTHER SIGNIFIC.	ANT COND	Ic) ITIONS <u>CC</u>	ontributin	ISEQUENCE OF			INAL DISEASE OR		GIVEN IN PART 10	
shows o	CERTIFICATION					WHICH OFERATIO			YES NO	IN CERT	TIFYING CAUSES YES	OF DEATH?
Mentol Hygor Hem 18 s		21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX.	OF DEATH	HOUR A.I	M. MONT	H DAY YEAR			ED (ENTER NATURE O	F INJURY IN ITEM TO	3 PART   OR PART 2)	
rkedor	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		IE PLACE (		OFFICE, FARM ETC.)	211. LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
21 is mo		22a.1 certify that (1) this saw the deceased of above (1) (we) (did) (c	hospital) a ive on did not viev	ttended the	e deceased after death.	from	nd that in my	(our) opinion o	eoth occurred on	2.7 the date and hi	our and from the	
Note Dept.		226 SIGNATURE	Jum a	+ Br	nhe	NS			MEDICAL DIRECTOR   PE	STAFF HYSICIAN [	22c DATE	51GNED
should be detor with the Stote E IMPORTANT: If		224 PHYSICIAN'S NAME HENRY	BURK		D.			PLATA	,MARYLA		346	
w > Z	EN'	COMBMENT		DATE -26-	87	GATE C		VEN CE		R SPRI	COUNTY	
16 60M 7/B4 A 15, 4)		INERAL DIRECTOR REHART FUNE	ERAL	HOME	, INC	DRESS LA PI	ATA, M	D. JA	REC'D. BY REGIS N 2 9 198	TRAR 25b. REGI	ISTRAR'S SIGNAT	URE



#### FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ! REGISTRAR LUDECEASED NAME 20. DATE KNOWN XX MONTH TYPE OF PRINTS Rona 1d L. DEATH MATED Rilev 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE TO THE FUNERAL DIRECT PAGE 5 FOR YOUR F MONTH LAST BIRTHDAY RONOUNCED MALE BLACK DEAD 14 -53 33 O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) MARYT AND DIVORCED Charles County, UNITED STATES WIDOWED . CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION LTYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! La Plata Physician's Memorial Hospital TRUCK DRIVER SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYT AND CHARLES WET COME NO K BOX 1256/ 20693 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE RAYMOND RILEY SR. MARY LOUISE INC. TA PENCIL IN TEM 18. GIVE PAG CAL EXAMINE ALONG WITH FORM 8 BIRRAL: PRANSIT PERMIT, PACES L. 14 AND AND ALL HYGISHE, DIVISION O NATION, OR REMOVAL. 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES. NO. OR UNKNOWN) Box 1254A LIE YES GIVE WAR OR DATEST 213-56-1174 Shirley E. Cooper Welcome, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Chronic Alcoholism DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ig INNER: THIS CERTIFICATE INCREMENTAL FICATE, WRITING THE WORD TENDING THE CHIEF WELL FOR PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEATH THE STATE DEPARTMENT OF THE STATE OF THE STAT CERTIFICATION Fatty Liver, Seizure Disorder and Cardiomyopathy 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DIVISION OF VITAL 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OF TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21 22a I certify that I taok charge of the remains described above, held on Inspection ond in my opinion Notural couses X deoth resulted from: Accident Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant SIGNATUR EXAMINER'S NAME 111 Penn St., Balto., Md. William M. Zane, M.D. (TYPE OR PRINT) ADDRESS

BP 07/84

**DHMH - 17** (VR A15 ME (5)) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 1-28-87

23c. NAME OF CEMETERY OR CREMATORY ZION BAPTIST CHURCH

STATE OF MARYLAND

23d LOCATION HILLTOP

STATE CHARLES MD

COUNTY

1 - 24

1-24

19 87

19 87

125 KIND OF BUSINESS

OR INDUSTRY

PRIVATE

LAST

20 AUTOPSY?

YES X

1 - 25 - 87

21201

NO

STATE

BETWEEN ONSET AND DEATH

**OUEEN** 

2d HOUR 2:42

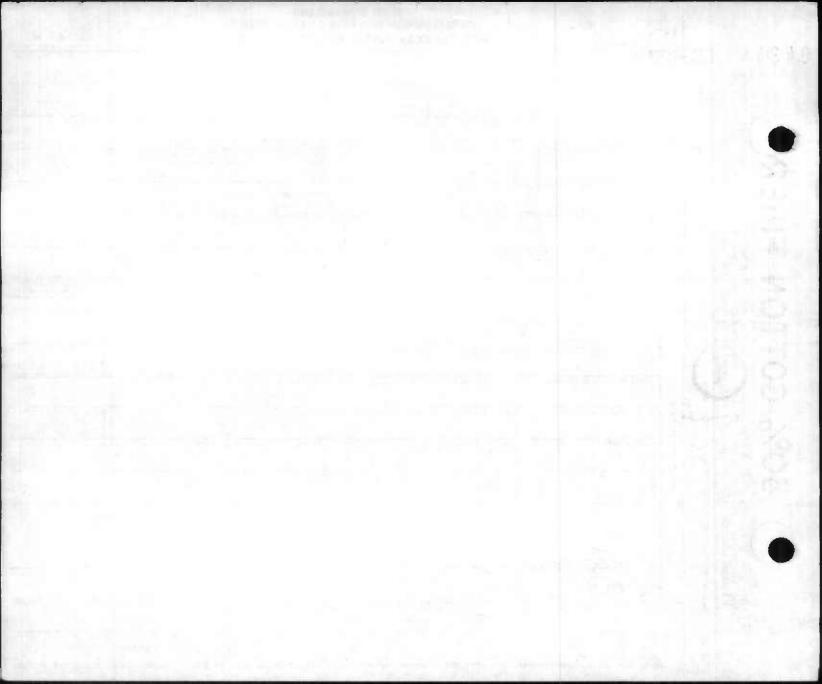
a. M

24. FUNERAL DIRECTOR POMONKEY, MD.

BURIAL

THORNTON FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	0		7	6	1
OF DEATH MONTH	DAY	YEAR	21-	HOLLB	

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE O REG	NO.	) j	9 6 1
T. DECEASED NAME	Thoma	as ^	E	R	obey	January	30,19	987	7:02P
3. SEX		4 RACE	-	5. DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
Male		Caucasi	an	May	26, 1937	49	YRS.	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
Virginia		U.S	.A.	WIDOWE	DIO DIVORCED	Charles			M
10. CITY OR TOWN OF I	DEATH	CIE NOT IN SUCI	HEACHITY GIVE STREET	IG HOME C	al Hospital	120 USUAL OCCUP.	ATION ST OF WORKING LIFE	E) INDUSTRY	of BUSINESS OF
USUAL RESIDENCE (IF N 130. STATE Maryland	13b, COU	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW LaPlata		13d INSIDE CITY LIMITS? YES 🕍 NO 🗌	13e STREET ADDRES P. O. BOX	1857 SODE	2	0646
14 FATHER'S NAME FIRST Norris		MIDDLE	Robe	ey .	Virginia	WE		Unk 1AS	51
160 WAS DECEASED EV	ER IN U.S. AF	S WAR OR DATES	16b. SOCIAL SECU		17 INFORMANT		DRESS		
No	N,	A	578-46-	6550	Patricia Jar	vins Sam	e as 13	A-E	
PART 2 OTHER S  19a DATE OF OPE  21a. ACCIDENINGS	oting the juse last.	conditions co		yest OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	EN IN PART II	NGS USED
OD CONTRIBUTION	LAUST DE DE	21b. TIME OF HOUR A./	M. MONTH D		21c. HOW INJURY OCCURE	YES NOT	YE:	som/	NO □
JIF EITHER NOTIFY A  21d INJURY GES  WHILE NO AT WORK AT		21e. PLACE O			711 LOCATION STREET	1 A CITY OF	RTOWN	COUNTY	STATE
22a.1 certify that	eased alive or	: / 2 .	e deceased from_ 19_ ofter death.	,	nd that in (my) (our) opinion (	death occurred on the	dote and hou	0	
27d. PHYSICIAN'S	NAME (TYPE	Jules	th			MEDICAL S DIRECTOR PHY	TAFF SICIAN [		34/87
			t, M,D,		La Plata,	Maryland	20646	Dec. 1	
23a BURIAL, CREMATIC (SPECIFY) Burial			236 1		EMETERY OR CREMATORY ton National (	23d LOCATION			orge <sup>V</sup> s 1

DHMH - 16 60M 7/84

BP.

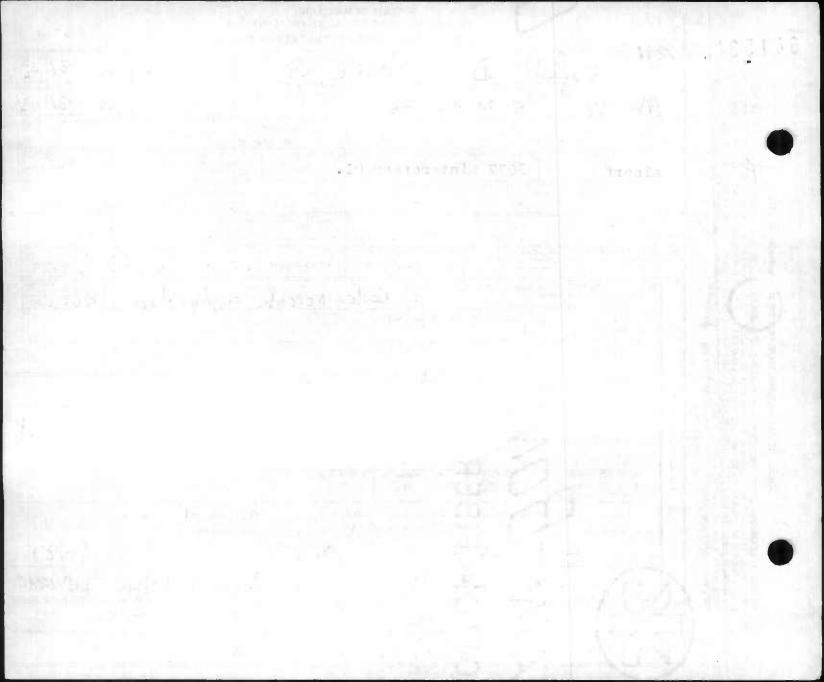
IMPORTANT: If them 21 is morked of them the party

74 FUNERAL DIRECTOR Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735

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141	521 111		STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CE	RTIFICATE O	F DEATH/	REG. NO.	900	,
	資金等級性		EASED NAME	Eugene	D	Debbs Sh	Shad'I	e Jir	20 DATE KI OF DEATH A	ESTI-	15 19 87 1	A M
	DIRECTO DIRECTO OUR FIL 172 HOU ON STRE	3. SEX	Male W	MO	ATE OF BIRTH	YEAR LAST BIRTHDA	MONTHS (Y)	R 1 YR. IF UNDER	MIN. PRONOUNCE		15 1987	d. HOUR
•	NECESSA NUMBER AND A STORY OF THE PERSON OF	Wa	RTHPLACE (STATE OR REIGN COUNTRY) Shington [	o.c.	US		WIDOWED		ED K	recity or coun arles		MD.
	かりつ	W	ty or town of DE.  aldorf	4	3877° W	PITAL, NURSING HOME BITY GIVE STREET ADDRESS) INTERGREE	n Pl.	INSTITUTION	12a. USUAL OCCUPA FOR MOST OF WORKI Salesman	TION (TYPE OF WORK NG LIFE)	OR INDUSTRY Auto Par	ts
21201	ANY D	13a. S		Charle		RESIDENCE BEFORE ADMISSION IN CITY OR TOWN Waldorf	130	I INSIDE CITY LIMITS?	13e. STREET ADDRES 3877 W		n P1/20601	
RE. MD.	680		THER'S NAME ERST gene	D.		Shadle,	Sr.	MOTHER'S MAIDE	E. MID		Edelen	
MITIMO	AFTER C SIVE PAR TH FORM MAGES 1	16a V (Y	VAS DECEASED EVER es, no, or unknown) no	IN U.S. ARMED F		220-38-39		NFORMANT lizabeth	J. Fleck	ADAWy 228 Waldorf	, Md. 2060	
201 W. PRESTONST.	CUTED WITH NIGHT OF BY IN PENCIL NI ITEM 18 EXAMINER YOUGH THE NIGHT OF BENCH OF SEMBLE OF THE NIGHT OF SEMBLE OF SEMBLE OF THE NIGHT OF SEMBLE OF SEMBLE OF THE NIGHT OF SEMBLE OF SEMB		Conditions, if gove rise to couse (a) stating lying couse last	AS CAUSED BY.  IMMEDIATE CAI  ony, which immediate g the under-	USE (o)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENCE C	OF OF	Monoxide	e asphy.	nation	APPROXIMATE IN BETWEEN ONSET AN	TERVAL ND DEATH
RECORDS	PENDING PREDING PASABL HEATH AI	CERTIFICATION	PART 2 DINER SIGNIFICAN			UT NOT RELATED TO THE TERM			RT 1 (a)		20 AUTOPSY?	
VITAL	288230gX	TIFF									YES 🗆 :	NON
PIVISION OF	G THE W TO THE HOUD WRIMEN	MEDICAL CE	210 EXTERNAL CAU UNDERLYING  CONTRIBUTING	OR CAUSE OF DEATH	P,M.	MONTH DAY YEAR			D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR P	ART 2)	
DIVIE	WRITIN WRITIN WARDED WAGE 3 S (ATE DEP	MED	21d. INJURY OCCUR WHILE AT WORK AT W	WHILE O	21e PLACE O STREET, FACTO	PFINJURY (ATHOME, DRY, FARM, ETC.)	211. LOCA STREE		CITY OR TOW	v cc	YINUY	STATE
•	MEDICAL EXAMINER  SECUTE THE CERTIFICATE  SEGUE SHOULD BE FORWARD OF FORWARD DIRECTOR:  FITE DEATH, WITH THE SALIMORE, MARYLAND.		22a I certify that death resulted from ACTUAL SIGNATURE			Accident , Sui	Autopsy icide	Homicide Homicide (SPECIFY)	Undetermined mon	DATE	1/1-18	2_
	TO MEDICAL PAGE 4 TO FUNI PAGE 4 AFFER DE BAUTING		EXAMINER'S NAME (TYPE OR PRINT)	HW	thi	1 (M)		DRESS_   OLO	Jarley DI	· la Plata	M-50	846
	BP	(5	JRIAL, CREMATION, P PECIFY) Burial JNERAL DIRECTOR		20-87	Resurrect	ion		Clinton			
	DHMH - 17 (VR A15 ME (5)) 20M 4/B2		NAME luntt Fune	ral Home	ADDRESS W	O Box 156		n 4	AN 20 193	A LOUISINGAR'S	SiziNHI DUE	



page 3 '

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	ì	4	6	
						-

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 7 REG. NO.	196	y
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOU	R
Archie	Isham	Skinner	January 29, 198	7 11:	35 M
3 SEX Male	4 RACE White	S. DATE OF BIRTH JUNE 10", 1911"	6. AGE (IN YEARS LAST BIRTHDAY) 75	IF UNDER 1 YEAR IF UNDER S	24 HRS MIN.
70 BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Charles	OF DEATH	MD
La Plata	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Physicians Memor		120 USUAL OCCUPATION  (1) PE OF WORK FOR MOST OF WORKING UF  CUSTODIAN Ret	Education	ss or
13a. STATE 13b CC	corother institution give residence before DUNTY 13r. CITY OR TOW Indian		13. STREET ADDRESS / ZIP CODE Rt. #1, BOX	440 ,2064	40
14. FATHER'S NAME John Edwar	d <sup>MD</sup> Skinner LAST	15. MOTHER'S MAIDEN NA Ann Jea	mnette <sup>m</sup> Flowers	LAST	Ų
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	CAVE WAR OR DATES	JRITY NO. 17 INFORMANT -1982 Leila Skii	ADDRESS	e as #13.	
PART I. DEATH WAS CAL IMMED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	n harmony.	h womby		
		DEATH BUT NOT RELATED TO THE TERM			
190 DATE OF OPERATION  Dan 19. 87  210. ACCIDENT WAS UNDERLYING	Ruphon a	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATI S NO	H?
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART   OR PART 2)	Ų
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY ST	TATE
saw the deceased alive	as an	ond that in (my) (aur) apinion  DEGREE	death occurred on the date and hau	22c. DATE SIGNED	ated
224. PHYSICIAN'S NAME (TY	PE OR PRINT)	22a ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Dan 29. 9	41,
Chinmoy Ban		Wald	Charles Prof. Bl	ag. 1/3200	
236 BURIAL, CREMATION, REMOVE BURIAL		. Ignatius Ceme	23d. LOCATION	Maryland 51	TATE

DHMH - 16 60M 7/84

BP

TO FUNETAL DIRECTOR: After this certificate has been signed by housing the detached for use as the burial-transit permit. Then pleas with this state Dept. of Health and Mental Hygiene prior to burial,

CRIANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR
Arehart F Funeral Home, Inc, La Plata, Md. (VRA 15, 4)

23¢ NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery

Top, Maryland Hill

FEB 3 dia Seridon. Pandass

them Malike to Space which is a methodest to the second of the se process and the first of the first than the first t The Et Hotsonick, her . Of the same of the transfer added for the blending Toya" bt. Temating Caretry Hill con Maryland The CERT .bm. azsis ad.pm. arch thugam saulist

why a other troumatic

IMPORTANT: If hem 21 is merted or

## STATE OF MARYLAND

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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

i	- 1
1000 110	6
REG. NO.	

4-6	TATE REGISTRAR			DEFARIA		ICATE OF DEATH	8 / REG. NO	o. <b>()</b>	1 7	10
	EASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
11.77	M. PRINT)	LEONAF	D FI	REDERICK	S	MTTH	JANUARY 8,	1987		12:06 A
3. SEX			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE		BLACK		APRI		55	YRS	MONTHS DAYS	HOURS MIN.
CO	THPLACE (STATE O	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY O		Y OF DEATH	
	RYLAND			STATES	WIDOWE	DIVORCED	CHARLES			MD
	PLATA	DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET TANS MEMO	ADDRESS)	HOSPTTAL	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF MECHANIC			F BUSINESS OR
USUAL 13a. ST.	RESIDENCE IF N	URSING HOME OR C 13b. COUN' CHAF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW PISGAH	ADMISSION)	13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS / ROUTE 425/			
14. FATI	HER'S NAME					15. MOTHER'S MAIDEN NA	AME			
	JOHN	~	IDDLE	SMITH		MARY	ZENOBIA		HAWK	INS
	AS DECEASED EV		NED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS P.O	BOX 1	11
( it.	NO	N/Z		219-28-5	031	MRS. IRMA GR	RAY	PIS	GAH, Md.	20640
NO	couse (a), std underlying cou PART 2 OTHER SI	use lost.	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI		VEN IN PART TO	
TIFIC							YES TI NOT	IN CERTI	FYING CAUSES	
	210. ACCIDENT WAS I OR CONTRIBUTING [ (IF ETTHER, NOTIFY M	CAUSE OF DEAT	The second second	DF INJURY .M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2)	
ME.	WHILE NOT AT WORK	WHILE WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	sow the dece	(1) (this hospite eased olive on _ e) (did) (did nat	121	ne deceosed from 19	, 01	nd that in (my) (our) opinion			0 /	
1	IN PHYSICIAN'S	NAME THE OR	PRINCE OF	20		ATTENDING PHYSICIAN [	MEDICAL STAF		JAN.	8,1987
		A MOSTA				4235 28th Av	e.Suite 612	Temp	le Hill:	s,Md.
	IRIAL, CREMATIO	N, REMOVAL	23h. DATE	13.1987		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/83

retained by the haspital a TO HOSPITAL OR

BP.

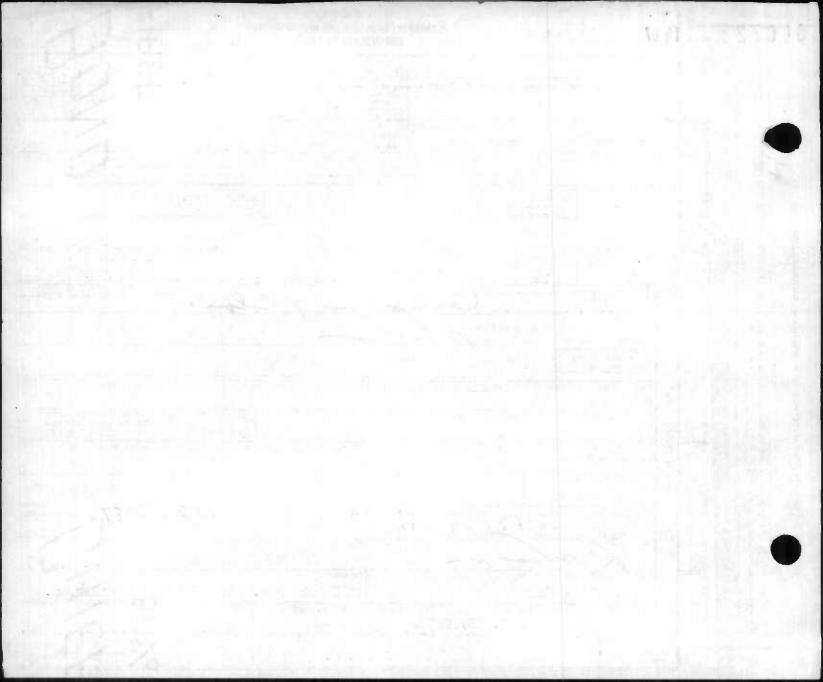
THORNTON'S FUNERAL HOME (VRA 15, 4)

BURTAL 24 FUNERAL DIRECTOR

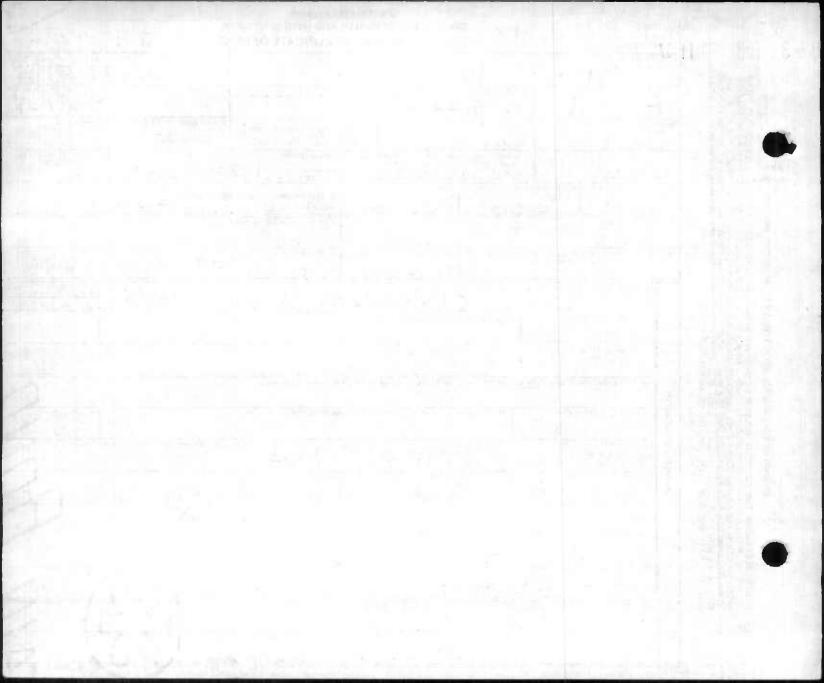
ADDRESS POMONKEY, Md.

CHARLES CEMETERY | GLYMONT CHARLES

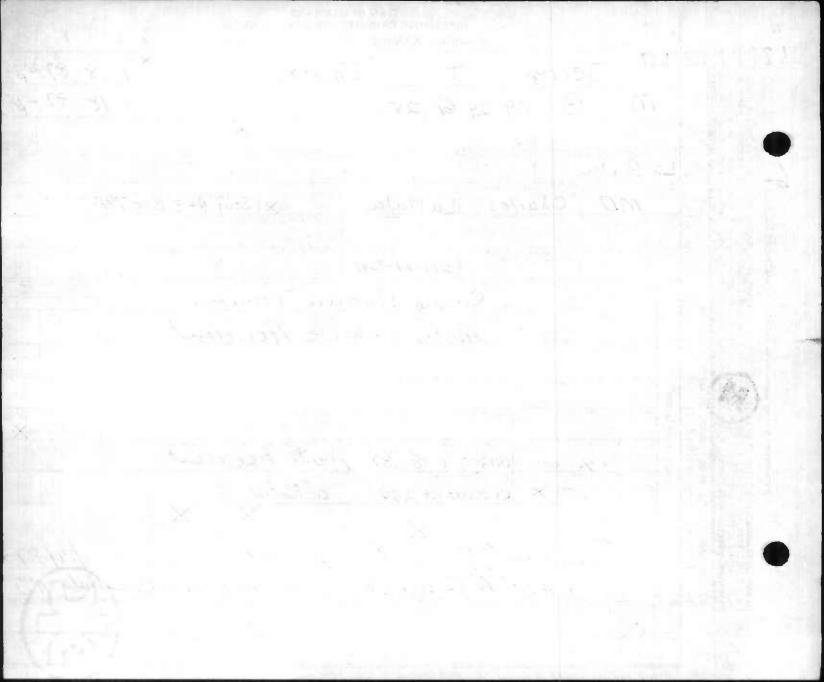
250 DATE REC'D BY REGISTRAR'S SIGNATURE

ONKEY, Md. JAN 12 1960 July Common Control of the 


A	1	500			OF MARYLAND	N HYCIENE			
0	11-	FOR STATE		DEPARTMENT OF HE DICAL EXAMINES			0	9/	2
43/93 FEB 1		REGISTRAR CEASED NAME	FIRST	MIDDLE	LAST		REG No.	ITH DAY YEAR	75 HOUR
W-1-210-7	(TYF	E OR PRINT)	arct lo	where Th	omas	OF		29 ,8	7 S HOUR
LEAS PEET	3 SE)	P	5 DATE OF BIRTH	6. AGE (IN YEARS		IDER 24 HRS. 2c. DA			R 2d HOUF
DIRECT TO STATE OF ST			Manth DAY	44 42 YRS.	MONTHS DAYS HOUR		UNCED	29 ,8	7 850
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SAN		arvland	United	States	A MILE		HARLES		MD
ZHWW Z		TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, C	R OTHER INSTITUTION	120 USUAL OCC	UPATION (TYPE OF WOR	OR INDUS	
A SERVED		a Plata	PHYSIC	IAN MEMORIAL	HOSPITAL	COMPUTE	ER OPERATOR	R GOV.	
ANY DE AND 3 IN COULD BE ESCOPO			NG HOME OR OTHER INSTITUTION, G b. COUNTY	VE RESIDENCE BEFORE ADMISSION)	13d: INSIDE CITY LIMI	TS? 13e STREET ADD	DRESS		
The state of the s	M	aryland	charles	Indian Head	YES NO	P.O. I	Box 752/ 20	0640	
A FERSENT	M	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S M	AIDEN NAME	MIDDLE	LAST	
TO SASSES E		Randolph		Hart	Mary	7	Louise	Hawki	ins
AN CASSES			U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECURITY N		Box 7	74A Pisgah,	Md. 206	540
RS AN WITH WITH PACE		No		1148-36-3493	Louise	Hart			ATE INTERVAL
TAN TO SE		18. CAUSE OF DEATH PART   DEATH WAS	(Enter only one couse per line CAUSED 8Y:	far (a), (b), and (c).)	mal to	DILANA	MILA	BETWEEN ON	SET AND DEATH
NA HERE	17	8199	MMEDIATE CAUSE (a)	AS A CONSEQUENCE OF	113010	C(O) los	1001	Witan-	Leave Lavi
THIN 24 IN THE ALCH ALCH ALCH ALCH ALCH ALCH ALCH ALCH	1	Canditians, if any	, which						
SAMES W		gave rise to in cause (a) stating th		AS A CONSEQUENCE OF					
201 NEXAL		lying cause last.	(6)						
S CERTIFICATE SHOULD BE EXECUTED RITHOGHE WORD "FERDING" IN ROBED TO THE CHIEF MEDICAL EXACT SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND ME TO PROTE BURIAL.		PART 2 OTNER SIGNIFICANT C	ONOITIONS CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINA	DISEASE OR CONDITION GIVEN	IN PART 1 (a),			
ECORDS  D BE EXECTED SINGS  ENDINGS  MEDICAL  AS A BU  AS A BU  CREMAT	NO NO								
TAL RE HOULD RD "PE HIEF A USED, OF HE	CERTIFICATION	19a DATE OF OPERATI	ON 196 CONDI	TION FOR WHICH OPERAT	ON WAS PERFORMED?			20 AUTOPS	Y?
F VITAL  F SHOUL  WORD "  WORD "  BE CHIEF  FINT OF H  BENT OF H	J E	AL EXTERNAL CAUSE	W/45					YES [	NON
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DIVISI HIS CERT WRITING ARDED ACE 3 SI ATE DEP	WEL	1	HILE STREET, FAC	TORY FARM, ETCH	STREET 5	R CITY OF	. / .	COUNTY	M TATE
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EXAMINER: OULD BE FOR MITHTHES MARKAND		220 I certily that I to	ak charge af the remains de			ection Inqu		y apinian	
AMIN STREET	X.	death resulted fram:	Natural causes	Accident Suicio		Undetermined	manner,	1 1	00
A A A A	1	ACTUAL	- h the	#	TIPLE (SPECIF	10	DA		(3)
SE STE	7	SIGNATURE		[	M.B.	MEDICALEX	AMINER SIG	SNED.	2-111
A PASSA		(TYPE OR PRINT)	HM HE	et -	ADDRESS 102	o Darlet D	The Poll	ota Mot	0696
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARKAND 7	23a. B	URIAL, CREMATION, REA	AOVAL 23b. DATE	23c. NAME OF CEME	ERY OR CREMATORY	23d LOCATION	4	COUNTY	STATE
BP		BURIAL	2-4-87	St. Charl	es	Glymor	nt Cha	rles	Md.
DHMH - 17		UNERAL DIRECTOR	ADDRES:			ATE REC'D. BY REGIST	TRAR 256 REGISTRAR	5 SIGNATURE	
(VR A15 ME (5)) 20M 4/82		THORNTON FUI	VERAL HOME	POMONKEY, MI	FE	05 1007	Asia Sin		1
						1001	0	no . M. contina	Tall 8



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I LUI A	peddering Jer	ry	T.	1	homas	DE	ATH MATED	1	18	1087	20:10
3. St		S. DATE OF BIRTH	XEAR LAST BIRTH	EARS IF UN			OLINCED	MONTH	DAY	YEAR	2d, HOU
45		09 24	6/ 25		is data mosts	0	EAD	/	10	19	20:03
3/	OREIGN COUNTRY)					IED X		_	ITY OF E	PEATH	
10.0		11. NAME OF HOS	SPITAL, NURSING HON	AE, OR OTH		12a. USUAL O	CCUPATION (TY		12b. KIN	ND OF BU	SINESS
all	a Plata				PITAL	MAIL	CARRIER				
USL 130.		COUNTY .			13d INSIDE CITY LIMITS?	13e STREET AL	DDRESS P	70	SNO	206	46
	MID	-harles	Lattat	a			K+3 66	X /	H	****	
20	FIRST	MIDOLE	THOMAS		FIRST		MIDDLE	V			N
§ 16a.	WAS DECEASED EVER IN U	S. ARMED FORCES?	166. SOCIAL SECURI		17 INFORMANT		ADDRES	S			
	NO	ES, GIVE WAR OR GATES!	217-84-	3290	ELAINE BO	MAN La	Plata,	Md.	2064	16 <sup>A</sup>	
	18 CAUSE OF DEATH (E	nter only one cause per line	e for (a), (b), and (c)	1	· - T	711	e.		BETV	PROXIMATE VEEN ONSET	INTERVAL
JVAL.	8/99m		AS A CONSEQUENCE	OF	· 11	cuti					
REMO		which	notor V	Ehi	de Ho	cacle	ut				
, o	cause (a) stating the		AS A CONSEQUENCE	OF							
NOE .		(c)									
N N		OUTUNS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEN	RMINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 (a).					
37 N	190. DATE OF OPERATION	N 196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 A	UTOPSY?	
	OL- EVTERNIAL CALISE VA	AS TIME O	F INTERIOR	In w						ES 🗌	МОХ
		HOUR A.A	A MONTH DAY YEA	AR, 21c HC	A LITO	CO ICA	OF INJURY IN ITEM 11	PART 1 OR P	ART 2)		
PRING	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	211 LO		00,00					-
5	AT WORK AT WORK	RE 301	W12+234	1 "	as Note	E/ City	OR TOWN	P	S .	n	TOTE
9//	220. I certify that I took	charge of the remains de	scribed abave, held an	Autop	sy 🔲, Inspectia	n N Inq	uiry o	ind in my c	pinian		
360	deoth resulted from:	Natural couses ,	Accident S	ivicide 🔲	, Hamicide .	Undetermine	d manner			,	
WA MA	ACTUAL C	Jan 7	7/2		TITLE (SPECIFY)	1		DATE	1	/19/	87
S. S		1 11	01.	. 1				SIGN	P	t	MN
No.	(TYPE OR PRINT)	JAVICE IV.	Gingri	in	ADDRESS SUIP			Iv. L	10/0	Ja,	
230.	BURIAL, CREMATION, REMO (SPECIFY) BURIAL	Jan. 23,	87 Sacred	Heart	r crematory Church Ce	23d. LOCATION LOCATION	lata	Chãi	ïles	Mđ <sup>s</sup> .	ATE
		EDAT LIONE ADDRESS	DOMONIZEV	MD	25a. DATE	REC'D. BY REGI					
(5))	THORNION FOIL	ECAL FICHE	L'ATOMASI,	, ruo e	UAN 4	a a 1981		American Art			
	BALTIMORE, MARYAND 27301 PEOPLE CHEMITON, OR REMOVAL.  10.0 1 14.1 160. 160. 160. 160. 160. 160. 160. 16	3. SEX  14. RACE  3. SEX  14. RACE  15. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND  10. CITY OR JOWN OF DEATH  USUAL RESIDENCE (IF IN NURSING 136, STATE  114. FATHER'S NAME FIRST  GEORGE  160. WAS DECEASED EVER IN U (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (IF YART 1 DEATH WAS COUNTRY)  NO  18. CAUSE OF DEATH (IF YART 2 OTHER SIGNIFICANT CON IN 190, DATE OF OPERATION  190. DATE OF OPERATION  210. EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBU	THE STATE REGISTRAR  THE REGISTARR  A RACE  TO PERSON THE STATE OF THE	THOMAS  THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) part 1 point (any which gover is to immediate cause (a) stating the underlying cause (b). Social secure (c) stating the underlying cause (b). Social secure (c) stating the underlying cause (b). Social secure (c). The external cause was understanding secure (c). The external cause (c). The external cau	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CONTRIBUTION. OR AS A CONSEQUENCE OF CONTRIBUTION. OR CONTRIBUTION	RESISTAR RESISTAR REDICAL EXAMINER'S CERTIFICATE OF PRESISTAR REDICAL EXAMINER'S CHARLES INDURY  INDURE SIMPLE OF PRINTING INDURY RESIDENCE IF IN NUMBERS RESIDENCE IN NUMBERS HOW OF CHIEF RESIDENCE REPORT ADMISSING IN SECURITY NO. IN FATHER'S NAME RESIDENCE IF IN NUMBERS HOW OF CHIEF RESIDENCE REPORT ADMISSING IN SECURITY NO. IN FATHER'S NAME RESIDENCE IF IN NUMBERS HOW OF CHIEF RESIDENCE REPORT ADMISSING IN SECURITY NO. IN FATHER'S NAME RESIDENCE IF IN NUMBERS HOW OF CHIEF RESIDENCE REPORT ADMISSING IN SECURITY NO. IN FATHER'S NAME RESIDENCE IF IN NUMBERS HOW OF CHIEF RESIDENCE REPORT ADMISSING IN SECURITY NO. IN	FOR   DEPARTMENT OF HEALTH AND MENTAL HYGIENE   REGISTRAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   MIDDLE   MADE   M	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  RE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  ROMAN  REGISTRA  REG	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  EGISTRA REGIS	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RECUSTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RECUSTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RECUSTRAR  R



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	REG. NO.	20	•			

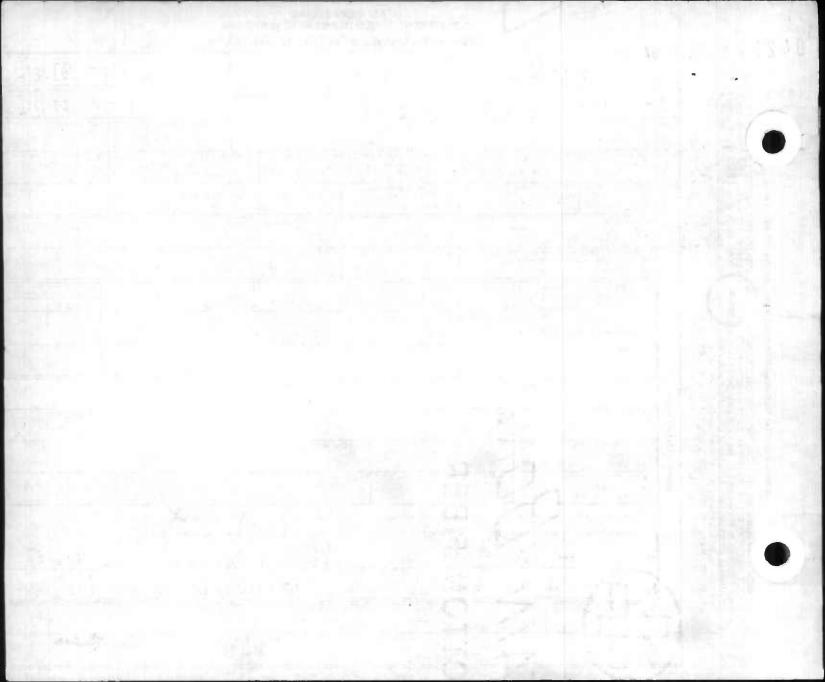
	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / DEG NO 0	1973			
J	DECEASED NAME FIRST	WIDDLE	LAST	KEO, ITO.	AY YEAR 25 HOUR			
	(TYPE OR PRINT) William	J.OSEP	H Tolson	January 6, 1987	11:00 A			
1	1 SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 MRS			
Į	) Male	Black	09 10 1900	86 YRS				
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
	Maryland Micity OR TOWN OF DEATH	USA NAME OF HOSPITAL NILIPS	WIDOWED   DIVORCED   ING HOME OR OTHER INSTITUTION	120, USUAL OCCUPATION	MD.			
4	La Plata	(IF NOT IN SUCH FACILITY, GIVE STREE Physicians Memo	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE				
7	HOUAL RESIDENCE (IF NURSING HOME				20646			
9	Illn STATE 13b. COL			13e.STREET ADDRESS / ZIP CODE				
	Maryland Ch	arles Newtow	15 MOTHER'S MAIDEN N	General Del.	Springhill Rd			
Λ	FIRST	MIDDIE	FIRST	MIDDLE	LAST			
ч	George	Tolson	Ida	Bak				
1	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? THE SOCIAL SEC	LIFITY NO. 17. INFORMANT	P.O. BOX 739	12			
1	No	224-12	-7174 Lena Walk	er Washington.	D.C. 20044			
1	18 CAUSE OF DEATH (Enter	anly ane cause per line far lai (ib), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1		SED BY: ATE CAUSE (a)	nunt in tail	w				
1	IMMEDI	V 1		12000				
1		DUE TO, OR AS MEDI SEL	DENCE OF	hart stales.				
1	Canditians, if any, which	(b)	many Up with	Iva sira				
1	cause (a), stating the	DUE TO, OR AS ACONSEON	UENCE OF	40				
1	underlying cause last. (c) an curve of historia							
1	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART Ita			
	8 KM	M darlier	\)					
ñ	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED			
	SE S			YES NOT YES	YING CAUSES OF DEATH?			
d	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA				
1			DAY YEAR					
9	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTHEY MEDICAL EXAMIN  21d. INJURY OCCURRED		211 LOCATION					
	21d. INJURY OCCURRED	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE			
1	NOT WHILE AT WORK				67			
V		spital) aftended the deceased fram	19.8	10 10	19 that (I) (we) last			
	saw the deceased alive to obave (1) (we) (did) (did)	pat) view the body after death.	, and that in (my) (aur) apınıa	in death accurred an the date and haur	and from the causes stated			
	22b SIGNATURE	STATE SOOT SEE	DEGREE		22c. DATE SIGNED			
4	Vitterin	be lest ( ) le	ATTENDING	MEDICAL STAFF	11/1/1/7			
r	226. PHYSICIAN'S NAME (TYPE	COLUMN TO THE CO	PHYSICIAN 22e. ADDRESS	DIRECTOR   PHYSICIAN	11/6/0/			
		nteiro, M.D.	La Plata,	Md. 20646				
	230. BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY					
	Burial	01/12/87 S	t. Mary's Bryan	town Bryantown	Charles MD.			
2	24 FUNERAL DIRECTOR	101/15/01 12	25a D	ATE REC'D. BY REGISTRAR 256. REGISTI				
	NAME	ADDRESS		4 0 4000 J. O. K	Market 1			
4	Arenart Funer	al Home Inc.	LaPlata, MD.AN	13 Esta guardia	Man-Monthamps !			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detached with the State Dept.

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20M 4/B2



FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	0	1	4	1	
						_

REGISTRAR				TOTAL OF BEATTI	REG. NO	).		
1. DECEASED NAME	FIRST	WIDDLE		LAST		MONTH DAY	YEAR	25 HOUR
	dna	M		Wenk	January 9,1987		10:25P	
3 SEX	4. RACE	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF U		IF UNDER 24 HRS	
Female		Cau.		ril 29, 1921	65 YRS DAYS HOURS		HOURS MIN.	
M. BIRTHPLACE (STATE OR FO		76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
Maryland		U.S.A.		ED DIVORCED				MD.
10. CITY OR TOWN OF DEAT	(IF NOT IN	11. NAME OF HOSPITAL, NURSING			126 USUAL OCCUPATION  TOPO OF BUSINESS O  TOPO OF SETVICE  126 KIND OF BUSINESS O  INDUSTRY OF Ed.			F BUSINESS OR
La Plata USUAL RESIDENCE (IF NURSIN		cians Memo	rial	Hospital	1 000 5610	Tre	00.	JI EU.
	Sh. COUNTY Charles			13d. INSIDE CITY LIMITS?	Rt 2 Box 268, 20675			5
14 FATHER'S NAME PIRST Daniel	MIDDLE	Rice		15. MOTHER'S MAIDEN NAM	WIDDLE		Weni	<
(YE NOOR UNKNOWN)	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			William T.		s Rt 2 fret,	Box Md.	268 20675
Conditions, if any, gave rise to imme couse (a), storing underlying cause  PART 2 OTHER SIGNI  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDER	which diate the last. (c)		ENCE OF	NOT RELATED TO THE TERM	<del>U</del>	20b. IF YES, W	VERE FINDIN	NGS USED
Ĭ.					YES T NO	IN CERTIFYIN		NO [
	USE OF DEATH HOUR	E OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART	I OR PART ?)	
OR CONTRIBUTING CA  (IF EITHER, NOTIFY MEDICA  21d, INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	(AT HOM	CE OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
sow the deceased above, (I) (west did		1- 19 5	37.0	nd that in (my) (arr) apinion of	death occurred an the do	9 19. te ond hour or	1	that (I) (we) lost couses stated
22b. SIGNATURE	snath			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔲	Jan.	9, 1987
22d. PHYSICIAN'S NA	AE (TYPE OR PRINT)			22e ADDRESS				
Girija	Rath M.	.D		Walderf Md				
230. BURIAL, CREMATION, R		23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	P DL	OBNE	M = STATE
Buria	1 1-1	3-87 Tr	init	y Mem.Garde	ns waldor	, Lnai	ries,	LI C .

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BP.

MPORTANT, If he

Huntt Funeral Home Inc., Waldorf, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

IAN 1 3 1007

A.R. 13.20. ~ 00

